

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003039

1. Entity Name

WEST KENDALL YOUTH BASEBALL ASSOCIATION INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90448 042 ****61.25

0065523

Principal Place of Business

6679 SW 156 CT
MIAMI FL 33193

Mailing Address

P O BOX 960773
MIAMI FL 33296
US

2. Principal Place of Business

7511 SW 145 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FLA

City & State

Zip

33183

Country

Zip

Country

4. FEI Number

65-0818725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIEGO, ENRIQUE D
6679 SW 156 CT
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name

DAVID WESTBERRY

Street Address (P.O. Box Number is Not Acceptable)

11023 SW 88 ST

City

MIAMI

FL

Zip Code

33173

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME RIEGO, ENRIQUE
STREET ADDRESS 6679 SW 156 CT
CITY-ST-ZIP MIAMI FL 33193 ☒ Delete

TITLE PDD
NAME WEST, DAVID WESTBERRY
STREET ADDRESS 11023 SW 88 ST
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE SD
NAME ROSA, TERESA
STREET ADDRESS 13448 SW 62 ST D-102
CITY-ST-ZIP MIAMI FL 33183 ☐ Delete

TITLE D
NAME ZUNZUNEGUI, JOSE
STREET ADDRESS 7871 SW 127 ROAD
CITY-ST-ZIP MIAMI FL 33183 ☐ Delete

TITLE D
NAME HARLOW, LAURA
STREET ADDRESS 7511 SW 145 AVE
CITY-ST-ZIP MIAMI FL 33183 ☐ Delete

TITLE D
NAME OLASCOAYA, MARY LOU
STREET ADDRESS 6519 SW 133 PL
CITY-ST-ZIP MIAMI FL ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/01 (726) 942-2523

CR2E037 (10/00)