

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003109

1. Entity Name

MIAMI-DADE AQUATIC CLUB, INC.

f

Principal Place of Business

3939 SW 7TH STREET
MIAMI FL 33134

Mailing Address

3939 SW 7TH STREET
MIAMI FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, OSVALDO
3939 SW 7TH STREET
MIAMI FL 33134

Name

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

City

FL

Zip Code

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
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GARCIA, OSVALDO	
STREET ADDRESS	C/O 3939 SW 7TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VT	<input type="checkbox"/> Delete
NAME	VASALLO, JOSE	
STREET ADDRESS	C/O 3939 SW 7TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	STT	<input type="checkbox"/> Delete
NAME	KORVICK, TONY	
STREET ADDRESS	C/O 3939 SW 7TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED Osvaldo Garcia

9/5/00

(305) 442-4910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90062 001 ****61.25

09-15-2000 90062 002 *****8.75



DO NOT WRITE IN THIS SPACE

4. FEI Number.

65-0842532

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

CR2E037 (5/00)