

2000 UNIFORM BUSINESS REPORT (UBR)

4/13

FILED

May 17, 2000 8:00 am
Secretary of State

04-13-2000 90047 050 ****61.25

DOCUMENT # N97000004978

1. Entity Name

ALL STARS SOCCER CORP.

Principal Place of Business

Mailing Address

2318 SW 23 ST
MIAMI FL 33145

2318 SW 23 ST
MIAMI FL 33145-3519

3419 SW 8th Street.
MIAMI FL. 33135

3419 SW 8th Street.
MIAMI FL. 33135

2. Principal Place of Business

3419 SW 8th Street.

3. Mailing Address

3419 SW 8th Street.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA.

City & State
MIAMI FLORIDA.

4. FEI Number
65-0781257

Applied For
Not Applicable

Zip
33135

Country
U.S.A.

Zip
33135

Country
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, CARLOS
3419 S.W. 8TH STREET
MIAMI FL 33135

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 CARLOS MARTINEZ

04-07-2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTINEZ, CARLOS 3419 SW 8TH STREET MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAGUER, ERNESTO A 3419 SW 8TH STREET MIAMI FL 33135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAGUER, ERNESTO A 2318 SW 23 ST MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COSMEAU, ALBIZU 3419 SW 8TH STREET MIAMI FL 33135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTINEZ, CARLOS 3419 SW 8TH STREET MIAMI FL 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TREASURE SAGUER, ERNESTO A. 2318 SW 23 ST. MIAMI FL 33145	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VICE PRESIDENTE CARLOS LINARES 280 NW 34 AVE. MIAMI FL 33135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SECRETARY RODOLFO BERMUDEZ 2911 NW 31 ST. MIAMI FL 33142	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons.

SIGNATURE: CARLOS MARTINEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-2000 305) 461-1898

Date

Daytime Phone #

CR2E037 (9/99)