

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000004978**

1. Entity Name

ALL STARS SOCCER CORP.

Principal Place of Business

**3419 SW 8TH ST
MIAMI FL 33145**

Mailing Address

**3419 SW 8TH ST
MIAMI FL 33145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0781257

Applied For

Not Applicable

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	MARTINEZ, CARLOS	
STREET ADDRESS	3419 SW 8TH ST	
CITY - ST - ZIP	MIAMI FL 33135	

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

TITLE	DVP	<input type="checkbox"/> Delete
NAME	LINARES, CARLOS	
STREET ADDRESS	280 NW 34 AVE	
CITY - ST - ZIP	MIAMI FL 33126	

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	SILVA, MARIA L	
STREET ADDRESS	521 SW 31 AVE	
CITY - ST - ZIP	MIAMI FL 33135	

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

TITLE	DS	<input type="checkbox"/> Delete
NAME	KOCIJANCIC, ELIO	
STREET ADDRESS	1467 SW 17 TR.	
CITY - ST - ZIP	MIAMI FL 33145	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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TITLE		<input type="checkbox"/> Delete
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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: **CARLOS T. MARTINEZ PD.****02-19-02 305/461-1898**

CR2E037 (9/01)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90003 003 ****61.25

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DO NOT WRITE IN THIS SPACE