

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90051 031 ****70.00

DOCUMENT # N97000005673

1. Entity Name
FLORIDA CRICKET UMPIRE ASSOC., INC.



Principal Place of Business
**3721 NW 169TH TERR
MIAMI GARDENS, FL 33055**

Mailing Address
**3721 NW 169TH TERR
MIAMI GARDENS, FL 33055**

40006744

2. Principal Place of Business - No P.O. Box #
LAKE OF NEWPORT
Suite, Apt. #, etc.

3. Mailing Address
6625 WINFIELD BLVD
Suite, Apt. #, etc.
111

01162008 Chg-NP CR2E037 (12/06)

City & State
PLANTATION FLORIDA
Zip
33318
Country
USA

City & State
MARGATE FLORIDA
Zip
33063
Country
USA

4. FEI Number
65-0789394
Applied For
Not Applicable

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

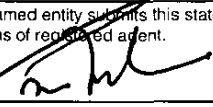
6. Name and Address of Current Registered Agent

**MAXMILLIAN, DIAH
2615 POLK ST #6
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name
PREMDATH MANGALIE
Street Address (P.O. Box Number is Not Acceptable)
6625 WINFIELD BLVD APT# 111
City
MARGATE FL Zip Code
33063

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **PREMDATH MANGALIE SECRETARY** **01/17/08**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

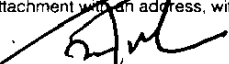
10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	MAXMILLIAN, DIAH	
STREET ADDRESS	2615 POLK ST #6	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	V	☒ Delete
NAME	HARTLEY, VINCENT	
STREET ADDRESS	3721 NW 169TH TERR	
CITY-ST-ZIP	MIAMI GARDENS, FL 33055	
TITLE	S	☒ Delete
NAME	HAITLAND, DAVID	
STREET ADDRESS	2615 POLK ST #6	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	T	☒ Delete
NAME	CAMBRIDGE, BASIL	
STREET ADDRESS	700 N. 70 WAY	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	AST	☒ Delete
NAME	BRATHWAITE, GRAFTON	
STREET ADDRESS	3721 NW 169TH TERR	
CITY-ST-ZIP	MIAMI GARDENS, FL 33055	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	DANNY KHAN	
STREET ADDRESS	621 SW 56 AVE	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	VICE-PRESIDENT	☐ Change ☒ Addition
NAME	MICHAEL GREEN	
STREET ADDRESS	2230 NW 50TH AVE	
CITY-ST-ZIP	LANDERHILL FL 33313	
TITLE	SECRETARY	☐ Change ☒ Addition
NAME	PREMDATH MANGALIE	
STREET ADDRESS	6625 WINFIELD BLVD APT 111	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	ASST-SECRETARY	☐ Change ☒ Addition
NAME	ROYLAND WILLIAMS	
STREET ADDRESS	17710 NW AVE, MIAMI, FL	
CITY-ST-ZIP	33139	
TITLE	TREASURER	☒ Change ☐ Addition
NAME	GRAFTON, BRATHWAITE	
STREET ADDRESS	3721 NW 169TH TERR	
CITY-ST-ZIP	MIAMI GARDENS FL 33055	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **PREMDATH MANGALIE**

01/17/08 **385-2435**
Date Daytime Phone #