

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

03-25-2002 90002 017 \*\*\*\*80.00

**DOCUMENT # N98000000205**

1. Entity Name

**ISLANDERS CRICKET CLUB OF MIAMI, INC.**

Principal Place of Business

Mailing Address

**19553 NW 2ND AVE.  
 SUITE 202  
 MIAMI FL 33169**

**PO BOX 693811  
 MIAMI FL 33269**

**80047184**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0737833**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FREDERICK, MARCUS  
 1220 NW 179 TERRACE  
 MIAMI FL 33169**

Name

**NORMAN DONALDS**

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

**3421 NW 170<sup>th</sup> ST.**

City

**MIAMI**

FL

Zip Code

**33056**

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

*Norman Donalds*

**3421 NW 170 ST miami**

**3-8-02**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARCUS, FREDERICK</b>	
STREET ADDRESS	<b>1220 NW 179 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHEATLEY, ERNEST</b>	
STREET ADDRESS	<b>1930 NW 135 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DONALDS, NORMAN</b>	
STREET ADDRESS	<b>18302 NW 42 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARTH DAVEY</b>	
STREET ADDRESS	<b>3770 SW 48<sup>th</sup> AVE #103</b>	
CITY-ST-ZIP	<b>PEMBROKE PARK FL 33023</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3421 NW 170<sup>th</sup> ST.</b>	
STREET ADDRESS	<b>MIAMI FL 33056</b>	
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:

*Norman Donalds* **NORMAN DONALDS 3-8-02 305 625 8459**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)