

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002403

1. Entity Name

ULTIMATE TENNIS FOUNDATION, INC.

Principal Place of Business

RON EHMANN PARK  
10995 SW 97TH AVE  
MIAMI FL 33116

Mailing Address

PO BOX 651126  
MIAMI FL 33265-1126

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

65-098181  
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASELY, CARLOS  
10280 SW 139TH CT  
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

The Law Offices of Mauricio Arcadier  
9351 Fontainebleau Blvd. Apt. 3408

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

9703 South Dixie Highway Suite 20

City

Miami

FL

Zip Code

33156

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	ROLLE, LEO	10280 SW 139 CT	MIAMI FL 33186	<input checked="" type="checkbox"/>
D	CASELY, MYRNA	10280 SW 139 CT	MIAMI FL 33186	<input type="checkbox"/>
D	CASELY, CARLOS	10280 SW 139 CT	MIAMI FL 33186	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	MAURICIO Arcadier	9351 Fontainebleau Blvd. Apt. 3408	Miami, FL 33172	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	Denise Baumann	9351 Fontainebleau Blvd. Apt. 3408	Miami, FL 33172	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/1/00

305 668-3839

CR2E037 (9/99)