

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/1

FILED
Aug 08, 2002 8:00 am
Secretary of State

05-21-2002 91235 046 ***61.25

DOCUMENT # N98000002403

1. Entity Name

ULTIMATE TENNIS FOUNDATION, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17515 SW 107 Court

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 651126

Suite, Apt. #, etc.

41038

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0486181

Applied For

Not Applicable

Zip

33157

Country

DADE

Zip

33265-1126

Country

DADE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CARLOS CASELY

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

10280 SW 139 Court

City

MIAMI

FL

Zip Code

33186

**DO NOT WRITE
IN THIS SPACE**

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



4/30/02

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FEE IS \$61.25

Initial or Amended UBR

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**

P
CARLOS CASELY
10280 SW 139 Court
MIAMI, FL 33186

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

D
MYRNA CASELY
10280 SW 139 Court
MIAMI, FL 33186

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

D
HECTOR CRUZ
26155 SW 124 Court
MIAMI, FL 33179

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**DO NOT WRITE
IN THIS SPACE**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:



4/30/02

(305) 595-4929