## 2000 UNIFORM BUSINESS REPORT (UBR)

ddress, with all other like emp

changed, or on an attachment with

## **FILED** DOCUMENT # N98000002678 Mar 02, 2000 8:00 am **Secretary of State** SMALL WORLD SOCCER ACADEMY, INC. 03-02-2000 90095 041 \*\*\*\*61.25 Mailing Address Principal Place of Business 251 S.W. 65TH AVENUE 251 S.W. 65TH AVENUE MIAM! FL 33144-3153 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CASA, ENRIQUE 251 S.W. 65TH AVENUE MIAMI FL 33144 Zip Code FL 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) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition Delete TITLE TITLE NAME NAME CASA, ENRIQUE STREET ADDRESS STREET ADDRESS. 251 S.W. 65TH AVENUE CITY-ST-7IP CITY-ST-7IP <u>Miami FL 33144</u> ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME LUGO, MARICEL NAME STREET ADDRESS STREET ADDRESS 251 S.W. 65TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 Change Addition ☐ Delete TITLE TITLE CUSIMANO, NICOLAS NAME NAME STREET ADDRESS STREET ADDRESS 4385 N.W. 9TH STREET APT 14 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 true empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Daytime Phone #