

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004247

1. Entity Name

MIAMI SHARKS YOUTH BASEBALL TEAM, CORP.

Principal Place of Business

Mailing Address

455 W. 42 ST.
HIALEAH FL 33012

455 W. 42 ST.
HIALEAH FL 33012

2. Principal Place of Business

183 E 50 PL

3. Mailing Address

183 E 50 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33013

Country

USA

Zip

33013

Country

USA

4. FEI Number

65-0857057

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALGUERO, ROSA
455 W. 42 ST.
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

Rosa Salguero

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

183 E 50 PL

City

Hialeah

FL

Zip Code

33013

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 D
NAME SALGUERO, ROSA ☐ Delete
STREET ADDRESS 455 W 42 ST
CITY-ST-ZIP HIALEAH FL 33012

TITLE D
NAME SALGUERO, GILBESTO ☐ Delete
STREET ADDRESS 455 W 42 ST
CITY-ST-ZIP HIALEAH FL 33012

TITLE D
NAME MURILLO, ELISA N ☐ Delete
STREET ADDRESS 455 W 42 ST
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 183 E 50 PL
CITY-ST-ZIP Hialeah FL 33013

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 183 E 50 PL
CITY-ST-ZIP Hialeah FL 33013

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CITY-ST-ZIP

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90082 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)