## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 21, 2000 8:00 am Secretary of State DOCUMENT # N9800005394 1. Entity Name CORAL PARK BASEBALL BOOSTER CLUB, INC. 01-21-2000 90118 048 \*\*\*\*61.25 Principal Place of Business Mailing Address MIAMI CORAL PARK SENIOR HIGH SCHOOL MIAMI CORAL PARK SENIOR HIGH SCHOOL 8865 SW 16 STREET **8865 SW 16 STREET** MIAMI FL 33165-7802 MIAMI FL 33165 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0864489 Not Applicable \$8.75 Additional Zip Country 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) **NOVAS, JOSE** 12770 SW 53 STREET **MIAMI FL 33175** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: 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. CDC Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME NOVAS, JOSE STREET ADDRESS STREET ADDRESS 12770 SW 53 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** Delete TITLE ☐ Change ☐ Addition TITLE GARCIA, ORLANDO NAME NAME STREET ADDRESS STREET ADDRESS 5901 SW 21 ST CITY\_ST-ZIP CITY\_ST\_ZIP. MIAMI-FL-33165. Change ☐ Addition VSD Delete TITLE TITLE Montanez, Luis NAME NAME MONTANER, LUIS STREET ADDRESS STREET ADDRESS 2125 SW 82 CT CITY-ST-ZIP CITY-ST-7/P MIAMI FL 33155 □ Change **M**Addition Delete TITLE Hilda Baez NAME 110 SW 108 Ave. STREET ADDRESS STREET ADDRESS Miami, FL 33174 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE sulvia Casanova NAME NAME 1400 SW 78 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, FL 33144 CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

1/5/00

305-221-0263

Daytime Phone #