

2004 NOT-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000005394

1. Entity Name

RAMS BASEBALL BOOSTER CLUB, INC.



Principal Place of Business

**MIAMI CORAL PARK SENIOR HIGH SCHOOL
8865 SW 16 STREET
MIAMI, FL 33165**

Mailing Address

**MIAMI CORAL PARK SENIOR HIGH SCHOOL
8865 SW 16 STREET
MIAMI, FL 33165**



01142004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0864489

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NOVAS, JOSE
12770 SW 53 STREET
MIAMI, FL 33175**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CD
NOVAS, JOSE
12770 SW 53 ST
MIAMI, FL 33175**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
RAINELLI, LUCIO
9441 SW 21 STREET
MIAMI, FL 33165**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DV
CASTELLANOS, ISABEL
2131 SW 82 PLACE
MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
GONZALEZ, EMMA
7840 SW 18 TERRACE
MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
PANIAGUA, ASTRID
1710 SW 99 AVE
MIAMI, FL 33165**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000011982
01/23/04-80060-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jose Novas - Jose Novas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04

Date

305-221-0263

Daytime Phone #