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

FILED
03 NOV 17 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005394

1. Entity Name
Coral Park Baseball Booster Club, Inc.

DO NOT WRITE IN THIS SPACE

300023962623
10/21/03--01027--024 **61.25

DO NOT WRITE IN THIS SPACE 02-03

2. Principal Place of Business	3. Mailing Address
Miami Coral Park High School	8865 SW 16 Street
Suite, Apt. #, etc.: 8865 SW 16 Street	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33165 Country: USA	Zip: 33165 Country: USA

4. FEI Number: 650864489 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jose Novas

Street Address (P.O. Box Number is Not Acceptable): 12770 SW 53 Street

City: Miami FL Zip Code: 33175

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: Jose Novas — Jose Novas — 10/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C/D	
NAME	Jose Novas	
STREET ADDRESS	12770 SW 53 Street	
CITY-ST-ZIP	Miami, FL 33175	
TITLE	P/D	
NAME	Lucio Rainelli	
STREET ADDRESS	9441 SW 21 Street	
CITY-ST-ZIP	Miami, FL 33165	
TITLE	V/D	
NAME	Isabel Castellanos	
STREET ADDRESS	2131 SW 82 Place	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	T	
NAME	Emma Gonzalez	
STREET ADDRESS	7840 SW 18 Terrace	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	S	
NAME	Astrid Paniagua	
STREET ADDRESS	1710 SW 99 Avenue	
CITY-ST-ZIP	Miami, FL 33165	
TITLE		
NAME		
STREET ADDRESS		
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TITLE	
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STREET ADDRESS	300023962623
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CR2E037B (12/02)

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: Jose Novas - JoseNovas 10/7/03 305-221-0263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #