

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N98000005558**

1. Entity Name  
**FLORIDA SOUTHEAST CRICKET LEAGUE, INC.**



**FILED  
May 05, 2003 8:00 am  
Secretary of State**

05-05-2003 90331 008 \*\*\*\*61.25

05/05/03

44003693



CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**4308 JEFFERSON STREET  
HOLLYWOOD FL 33021**

Mailing Address  
**4308 JEFFERSON STREET  
HOLLYWOOD FL 33021**

2. Principal Place of Business  
**Suite, Apt. #, etc.**

3. Mailing Address  
**Suite, Apt. #, etc.**

City & State  
**City & State**

4. FEI Number **65-0876119**  
 Applied For  
 Not Applicable

Zip  
**Zip**

Country  
**Country**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOHAMED, SHEIKH M  
4308 JEFFERSON STREET  
HOLLYWOOD FL 33021**

Name  
**Name**

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

City  
**City**

**FL** Zip Code  
**Zip Code**

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

**FILE NOW: FEE IS \$61.25**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD 1</b> <b>MOHAMEDQ, SHEIKH M 4308 JEFFERSON ST. HOLLYWOOD FL 33021</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD NAZIR KHAN 1111 SW 96 TERRACE PEMBROKE PINES FL 33025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD RENGEN, TIMOTHY 5961 E. GRAND DUKE CIR FORT LAUDERDALE FL 33321</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SD PAUL RAMKISJON 6172 SEVEN SFBS. BLW. GREENACRES, FL 33463</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SUBHASCHANDRA, SECHARAN 7465 NW. 49 CT FORT LAUDERDALE FL 333198</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	

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** **4/29/03**

CR2037 (10/02)