

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000006300**

1. Entity Name

FEDERATION OF PROFESSIONAL BASEBALL PLAYERS, INC**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90168 040 ****61.25

0043564

Principal Place of Business

Mailing Address

**1376 SW 4TH STREET
MIAMI FL 33135****13323 SW 27 STREET
MIAMI FL 33175
US****612550**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0881914

Applied For

Not Applicable

Zip

Country

Zip

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

**MADURO, ROBERTO JR
9420 SW 6TH LANE
MIAMI FL 33124**

Name

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

City

FL

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CALVINO-LOPEZ, WILFREDO	
STREET ADDRESS	13323 SW 27 STREET	
CITY-ST-ZIP	MIAMI FL 33175	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAN ROMAN, FRANK	
STREET ADDRESS	1376 SW 4 STREET	
CITY-ST-ZIP	MIAMI FL 33135	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEITAS, ANDRES	
STREET ADDRESS	14665 S.W. 47 Terrace	
CITY-ST-ZIP	MIAMI, FL 33175	

TITLE	D	<input type="checkbox"/> Delete
NAME	LLANES, MANDY	
STREET ADDRESS	11862 SW 37 TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	DIAZ, LAZARO	
STREET ADDRESS	1644 W 72 STREET	
CITY-ST-ZIP	HIALEAH FL 33014	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	ZARDON, RAMON A	
STREET ADDRESS	14610 DADE PRIVE AVENUE	
CITY-ST-ZIP	MIAMI FL 33014	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	HEVIA, JOSE R	
STREET ADDRESS	3601 SW 87 COURT	
CITY-ST-ZIP	MIAMI FL 33165	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 16, 2001 (305) 220-6062

Date

Daytime Phone #

CR2E037 (10/00)