

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90070 039 ****70.00

DOCUMENT # *N99000000318*

1. Entity Name

VIKINGS TRACKS BOOSTER CLUB, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17121 N.W. 12th AVENUE

3. Mailing Address

17121 N.W. 12th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

650903976

Applied For

Not Applicable

Zip

33169

Country

Zip

33169

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ABE A. BAILEY ESQ

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

18350 N.W. 2nd AVENUE

5th FLOOR

City

MIAMI

FL

Zip Code

33169

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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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*P
DEANNE EDMAN
701 N.W. 210th STREET #218
MIAMI, FLORIDA 33169*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*VD
SHERAYLL SIMMONS
17121 N.W. 12th AVENUE
MIAMI, FLORIDA 33169*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*TT
DORIS JOHNSON
2031 N.W. 184th STREET
MIAMI, FLORIDA 33056*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*SD
BRENDA MONTGOMERY
6960 S.W. 36th STREET
MIRAMAR, FLORIDA 33023*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E037B (12/01)

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:

Doris P. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (95) 624-6804