5/5

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 16, 2001 8:00 am Secretary of State POCUMENT # N9900001803 05-05-2001 90820 001 \*\*\*\*61.25 SOUTH MIAMI BASEBALL BOOSTER CLUB, INC. Principal Place of Business Mailing Address 11353 7875 SOUTHWEST 40TH STREET 7875 SOUTHWEST 40TH STREET **SUITE 212** SUFFE 212 MIAM1 FL 33155 MIAMI FL 3315S 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State APPLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ARENCIBIA, PETER 7875 SOUTHWEST 40TH STREET **SUITE 212** Zip Code MIAMI FL 33155 FL 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 brinted name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9.- Election Campaign Financing Make Check Payable to -FILE NOW: \$5.00 May Be -Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition DE LA NOVAL, NAME DELONOVOL, RODOLFO NAME STREET ADDRESS 7231 SW 6TH STREET STREET ADDRESS 5037 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME PEREZ, JOSE L NAME STREET ADDRESS STREET ADDRESS **528 CENTEOL BLVD** CITY-ST-212 CITY-ST-ZIP MIAMI FL 33144 ☐ Delete Change ☐ Addition TITLE NAME ACENCIBIA, PETER AREACIDIA PETER NAME STREET ADDRESS STREET ADDRESS 7875 SW 40 STE CITY -ST-ZIP CITY-ST-ZIP MIAMI FL 33155 Delete TITLE TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ΠΠ ¢ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 sustee 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. 25 IT87 UNU SIGNATURE: