

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90019 034 \*\*\*\*70.00

**DOCUMENT # N99000005422**

1. Entity Name

**WEST PINES UNITED FUTBOL CLUB, INC.**

Principal Place of Business

2503 SW 27 AVE.  
 MIAMI FL 33133

Mailing Address

2503 SW 27 AVE.  
 MIAMI FL 33133-2119

2. Principal Place of Business

3. Mailing Address  
**19410 NW 5th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Pembroke Pines FL**

4. FEI Number

**65-0949896**

Applied For

Not Applicable

Zip

Country

Zip  
**33029**

Country

**USA**

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

PESSIN, GREGG  
 2503 SW 27 AVE.  
 MIAMI FL 33133

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 *Al Alvarez, AL ALVAREZ, TREASURER* **5-29-00**

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  Delete  
 NAME **PD VILLAGRAN, PAT**  
 STREET ADDRESS **2503 SW 27 AVE.**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD REYES, JACE**  
 STREET ADDRESS **2503 SW 27 AVE.**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD ALVAREZ, AL**  
 STREET ADDRESS **2503 SW 27 AVE.**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD REYES, TERESA**  
 STREET ADDRESS **2503 SW 27 AVE.**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *Al Alvarez, AL ALVAREZ, TREASURER* **5-29-00 3056665150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)