

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90222 025 ****70.00

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1. Entity Name

WEST PINES UNITED FUTBOL CLUB, INC.



Principal Place of Business

**17326 S.W. 21 STREET
MIRAMAR FL 33029**

Mailing Address

**17326 S.W. 21 STREET
MIRAMAR FL 33029**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0949896**

Applied For

Not Applicable

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

**FREEDMAN, RICK P.A.
1 N.E. 2ND AVENUE
STE. 200
MIAMI FL 33132**

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. 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 Delete
NAME **PD VILLAGRAN, PAT**
STREET ADDRESS **17326 S.W. 21 STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD BARNEY, PATTI**
STREET ADDRESS **2741 S.W. 155 LANE**
CITY-ST-ZIP **DAVIE FL 33331**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **TD ALVAREZ, AL**
STREET ADDRESS **19945 N.W. 10TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD PEREZ, ISABEL**
STREET ADDRESS **14301 BEDFORD COURT**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD REYES, JACE**
STREET ADDRESS **974 N.W. 155 TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

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:

Alvarez
ALVAREZ 1-13-03 305 666 5750

CR2E037 (10/02)