2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 13, 2000 08:00 AM DOCUMENT # N9900006492 1. Entity Name **Secretary of State** UNDERWATER HOCKEY OF MIAMI, INC. Principal Place of Business Mailing Address 10933 SW 70 TERR. 10933 SW 70 TERR. FL MIAMI FL MIAMI 33173 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0957361 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONROE 10933 SW 70 TERR. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL33173 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. MICHELLE MONROE 09/13/2000 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) ญ็หญ่≥าเก็ ก็เรียกได้ FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate TITLE TD X Addition NAME NAME MILLER JONATHAN STREET ADDRESS STPEET ADDRESS 10933 SW 70 TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL33173 TITLE ☐ Delete SD ☐ Change XI Addition NAME NAME MICHELLE MONROE STREET ADDRESS STREET ADDRESS 10933 SW 70 TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI \mathbf{FL} 33173 TITLE ☐ Delete TITLE ☐ Change **X** Addition NAME NAME WEINKLE ANDREW STREET ADDRESS STREET ADDRESS 8310 SW 62 COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI \mathbf{FL} 33143 TITLE ☐ Delete TITLE ☐ Change X Addition NAME DE LA FUENTE RICARDO STREET ADDRESS STREET ADDRESS 555 NE 15 STREET CITY-ST-ZIF CITY-ST-ZIP MIAMI 33132 TITLE ☐ Delete TID F Change ☐ Addition NAME NAR/F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition 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)(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.