

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006531

1. Entity Name

SOUTH FLORIDA FUTBOL LEAGUE, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90385 020 ****61.25

Principal Place of Business

18914 S.W. 29TH CT.
 MIRAMAR FL 33029

Mailing Address

18914 S.W. 29TH CT.
 MIRAMAR FL 33029-2405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0957204

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

DUNCAN, LYALL J ESQ
 428 N.E. 16TH AVE.
 FT. LAUDERDALE FL 33301

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

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 **P,D** PRESIDENT, DIRECTOR ☐ Delete
 NAME **MICHAEL MYERS**
 STREET ADDRESS **9250 NW 36 ST**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T,D** TREASURER, DIRECTOR ☐ Delete
 NAME **PAUL PRADO**
 STREET ADDRESS **18914 S.W. 29TH CT.**
 CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S,D** LYALL J. DUNCAN (SECRETARY) ☐ Delete
 NAME
 STREET ADDRESS **428 N.E. 16TH AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** DIRECTOR ☐ Delete
 NAME **PATIENCE SMITH**
 STREET ADDRESS **2161 SW 20 ST**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** DIRECTOR ☐ Delete
 NAME **MARCIAL BARALT**
 STREET ADDRESS **2828 CORAL WAY, SUITE 305**
 CITY-ST-ZIP **MIAMI 33145**

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:

PAUL PRADO TREASURER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (305) 416-7827
 Date Daytime Phone #

CR2E037 (9/99)