2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000006531

City-St-Zip:

MIAMI, FL 33131

Entity Name: SOUTH FLORIDA FUTBOL LEAGUE, INC.

FILED Sep 12, 2002 Secretary of State

O 1 D	nin sin al Blac	of Business	Navy Deiro	Non-Britania - I Blanco of Brazilana		
Current P	rincipai Piac	e of Business:	New Princ	New Principal Place of Business:		
	/. 29TH CT. , FL 33029					
Current M	lailing Addre	ss:	New Maili	New Mailing Address:		
	/. 29TH CT. , FL 33029					
FEI Number:	: 65-0957204	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address o	f New Registered Agent:	
PRADO, P 18914 SW MIRAMAR		US				
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	RF.					
01011/1101		nic Signature of Registered Age	≏nt		 Date	
OFFICERS	S AND DIREC			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:) Delete AEL I STREET	Title: Name: Address: City-St-Zip:	10,011,41101	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (PRADO, PAUL 18914 SW 29 MIRAMAR, FL	TH COURT	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	CRUZ, HOLME	AVE SUITE 800	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	HADJER, CHR	ST SUITE 200	Title: Name: Address: City-St-Zip:	D HADJEZ, CH 8323 SW 12 MIAMI, FL 3	TH ST SUITE 200	
Title: Name: Address:	ZULUETA, MÌC) Delete SUEL AVE SUITE 1000	Title: Name: Address:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PAULO PRADO 09/12/2002 TD