

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000006531

FILED
Apr 29, 2003
Secretary of State

Entity Name: SOUTH FLORIDA FUTBOL LEAGUE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0957204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRADO, PAULO
18914 SW 29TH CT
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MYERS, MICHAEL
Address: 9250 NW 36TH STREET
City-St-Zip: MIAMI, FL 33178

Title: TD () Delete
Name: PRADO, PAUL
Address: 18914 SW 29TH COURT
City-St-Zip: MIRAMAR, FL 33029

Title: SD () Delete
Name: CRUZ, HOLMES
Address: 801 BRICKELL AVE SUITE 800
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: HADJEZ, CHRIS
Address: 8323 SW 12TH ST SUITE 200
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: ZULUETA, MIGUEL
Address: 801 BRICKELL AVE SUITE 1000
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PAUL PRADO

TD

04/29/2003

Electronic Signature of Signing Officer or Director

Date