

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006785

1. Entity Name

TRINIDAD AND TOBAGO SOCCER ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1740 NW 187TH CT  
MIAMI FL 33056

1740 NW 187TH CT  
MIAMI FL 33056

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 65-0969011

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

BROWNE, BRIAN  
1740 NW 187TH CT  
MIAMI FL 33056

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 PD  
NAME BROWNE, BRIAN  
STREET ADDRESS 1740 NW 187TH CT  
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

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

TITLE ST  
NAME JENNINGS, BRENDA  
STREET ADDRESS 1740 NW 187TH CT  
CITY-ST-ZIP MIAMI FL 33056 ☒ Delete

TITLE SECRETARY  
NAME FRED CUDJOE JR  
STREET ADDRESS 1740 N.W. 187TH CT  
CITY-ST-ZIP MIAMI, FL 33056 ☒ Change ☐ Addition

TITLE PR  
NAME CAMPBELL, PAT  
STREET ADDRESS 1301 NW 133RD STREET  
CITY-ST-ZIP MIAMI FL 33167 ☐ Delete

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

TITLE T  
NAME SAMUELS, LONSTON  
STREET ADDRESS 520 NW 157TH STREET  
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 09, 2002 8:00 am  
Secretary of State

04-09-2002 90027 049 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)