

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000000040**1. Entity Name
CLUB FL, INC.Principal Place of Business
**1044 SW 10 ST.
MIAMI FL 33130**Mailing Address
**PO BOX 01-1094
MIAMI FL 33101**

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 **65-0968832**Applied For
Not Applicable5. 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

**PORTILLO, MYRIAM
1044 SW 10 ST.
MIAMI FL 33130**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	P NIEVES, RAFAEL	<input type="checkbox"/> Delete
STREET ADDRESS	105 SAN LUIS REY	
CITY-STATE-ZIP	WESTON FL 33326	
TITLE NAME	VTS PORTILLO, MYRIAM	<input type="checkbox"/> Delete
STREET ADDRESS	1011 SW 10TH STREET	
CITY-STATE-ZIP	MIAMI FL 33130	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P Nieves, Rafael	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	627 Siesta Key Circle	Address Change
CITY-STATE-ZIP	Suite 3112, Deerfield Bch, FL 33441	
TITLE NAME	VTS Portillo, Myriam	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1044 SW 10 street	Address Change
CITY-STATE-ZIP	Miami, FL 33130	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-STATE-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

Myriam Portillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90043 046 ***150.00

ADD56005

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)