

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90051 030 ***150.00

DOCUMENT # P02000069878

1. Entity Name
GRAND SLAM BATTING CAGES AT TROPICAL PARK, INC.



Principal Place of Business
7900 SW 40TH STREET
MIAMI FL 33186

Mailing Address
18302 SW 94TH CT
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

7900 Sw 40 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL 33143

4. FEI Number

81-0558100

Applied For

Not Applicable

Zip

Country

Zip

Country

33143

USA

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

BOYER, ERIC W
18302 SW 94TH CT
MIAMI FL 33157

Name

George Quintairos

Street Address (P.O. Box Number is Not Acceptable)

6655 SW 69th LN

City

Miami

FL

Zip Code

33143

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOYER, ERIC W	
STREET ADDRESS	18302 SW 94TH CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	QUINTAIROS, GEORGE F	
STREET ADDRESS	6655 SW 69TH LANE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PAEZ, RICARDO	
STREET ADDRESS	7900 SW 40TH STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quintairos, George	
STREET ADDRESS	6655 SW 69 Lane	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paez, Ricardo A.	
STREET ADDRESS	9320 Fontainebleau Blvd. Apt. 604	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quintairos George	
STREET ADDRESS	6655 SW 69 Lane	
CITY-ST-ZIP	Miami, FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)