

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020189

1. Entity Name

TOP GUN CHEERLEADING TRAINING CENTER, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90056 048 ***150.00

Principal Place of Business

Mailing Address

13041 S.W. 122ND AVENUE
MIAMI FL 33186

13041 S.W. 122ND AVENUE
MIAMI FL 33186

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 **65-0732864**

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

PEREZ, NORLAN
8401 N.W. 8TH ST. APT. 308
MIAMI FL 33126

Name

VICTOR ROSARIO

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

11225 SW 132nd West

City

MIAMI

FL

Zip Code

33186

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 **VICTOR ROSARIO**

Signature, typed or printed name of registered agent and title if applicable.

X Victor Rosario

(NOTE: Registered Agent signature required when reinstating)

1-06-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDT** ☒ Delete
NAME **PEREZ, NORLAND**
STREET ADDRESS **8401 N.W. 8TH ST. APT. 308**
CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE **VSD** ☐ Delete
NAME **VAZQUEZ, RAUL**
STREET ADDRESS **125 NW 122ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33182**

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

TITLE **D** ☐ Delete
NAME **ROSARIO, VICTOR**
STREET ADDRESS **9470 SW 31 TERRACE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS **11225 SW 132nd West**
CITY-ST-ZIP **MIAMI, FL. 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **ROSARIO, KRISTEN**
STREET ADDRESS **11225 SW 132nd West**
CITY-ST-ZIP **MIAMI, FL. 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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 all other like empowered.

SIGNATURE: **X Victor Rosario**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor Rosario

1-06-01

Date

305 2595727

Daytime Phone #

CR2E034 (10/00)