

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029564

1. Entity Name

MIAMI PLAYERS, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90384 026 \*\*\*150.00

Principal Place of Business

10474 SW 72ND ST  
 MIAMI FL 33173

Mailing Address

10474 SW 72ND ST  
 MIAMI FL 33173-3007

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0751967

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JONES, CHARLES  
 9900 S 168TH ST  
 #9  
 MIAMI FL 33157

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	MERRITT, LISA L	
STREET ADDRESS	15260 SW 153RD ST	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MERRITT, LISA L	
STREET ADDRESS	15260 SW 153RD ST	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MERRITT, LISA	
STREET ADDRESS	15260 SW 153RD ST	
CITY-ST-ZIP	MIAMI FL 33157	
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Colin J Carberry-Walters	
STREET ADDRESS	15260 SW 153rd St	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph A Maxwell	
STREET ADDRESS	15260 SW 153rd St	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa L Merritt	
STREET ADDRESS	15260 SW 153rd St	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greg Merritt	
STREET ADDRESS	15260 SW 153rd St	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shad Taylor	
STREET ADDRESS	15260 SW 153rd St	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Legall	
STREET ADDRESS	15260 SW 153rd St	
CITY-ST-ZIP	MIAMI FL 33187	

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:

*Lisa Merritt* LISA MERRITT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 259-3144

CR2E034 (9/99)