

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90105 035 ***150.00

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DOCUMENT # P97000099194

1. Entity Name
FLORIDA PREMIER CRICKET LEAGUE INC.



Principal Place of Business
17325 N.W. 27TH AVE., STE. #107
MIAMI FL 33056

Mailing Address
17325 N.W. 27TH AVE., STE. #107
MIAMI FL 33056



2. Principal Place of Business
6645 PEMBROKE RD
Suite, Apt. #, etc.

3. Mailing Address
6465 NW 201 STREET
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PINES, FL.

City & State
MIAMI FLORIDA

4. FEI Number **65-0795861**

Applied For
Not Applicable

Zip Country
33023 BROWARD

Zip Country
33015 MIAMI DADE

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

SAMUELS, PATRICK
17325 N.W. 27TH AVE., STE. #107
MIAMI FL 33056

Name **PATRICK SAMUEL**
Street Address (P.O. Box Number is Not Acceptable)
6465 NW 201 STREET
City **MIAMI** FL Zip Code **33015**

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

(NOTE: Registered Agent signature required when reinstating)

04-29-03
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 **D** ☐ Delete
NAME **SAMUELS, PATRICK**
STREET ADDRESS **6465 NW 201 ST.**
CITY-ST-ZIP **HALEAH FL 33015**

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

TITLE **D** ☐ Delete
NAME **LYN, DELROY**
STREET ADDRESS **17325 N.W. 27TH AVE., STE. #107**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6645 PEMBROKE ROAD**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

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
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Patrick Samuel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03 **3056215800**
Date Daytime Phone #

CR2E034 (10/02)