

2002 UNIFORM BUSINESS REPORT (UB

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90010 012 ***150.00

DOCUMENT # **P98000021704** **2002**

1. Entity Name

BLUE CHIP BASEBALL AND SOFTBALL SHOWCASES ACADEMY INC.

Principal Place of Business

Mailing Address

7187 N. W. 52nd. St.
MIAMI FL. 33122

B0050340



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65--1031034

Appli

Not A

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additio

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBA VILLALOBOS
6131 S. W. 92 Ct.
Miami FL. 33173

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

Alba Villalobos

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 M. Added to F

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE **D** **ALBA VILLALOBOS** ☐ Delete
 NAME
 STREET ADDRESS **6131 S. W. 92 Ct.**
 CITY-ST-ZIP **MIAMI FL. 33173**

TITLE **ALBA VILLALOBOS** ☐ Change ☐ A
 NAME
 STREET ADDRESS **6131 S. W. 92 Ct.**
 CITY-ST-ZIP **MIAMI FL. 33173**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ A
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ A
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Alba Villalobos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/2002 **305-496-2244**

Date

Phone #