2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054634

1. Entity Name

MIAMI SWIM TEAM, INC.

FILED

02 MAY -8 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
	1200 BRICKELL AVENUE SUITE 900 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
1200 Brickell Ave	
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33131 / Country: U.S.A	Zip / Country

4. FEI Number: 65-0846286 — 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
	Name: AGI Registered Agents, Inc
	Street Address (P.O. Box Number is Not Acceptable): 1200 Brickell Ave. Suite 900
	City: Miami FL Zip Code: 33131

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, 2002 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: PD NAME: De Angulo, Andres F. STREET ADDRESS: 4910 S.W. 93 Ct. CITY-ST-ZIP: Miami, Fl. 33165 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition 900005574779-5 -05/20/02--01063--009 ****750.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information contained herein, to the best of my knowledge, is true and accurate. I further certify that the officers and directors indicated on this report or attached additional page(s) have consented to serve as officers and directors of the corporation, and that my signature shall constitute my agreement as a director or officer of the corporation. I am aware that false information submitted to a filing officer is punishable by fine or imprisonment as provided by Chapter 817, Florida Statutes, and that the name appearing in Block 11 has been changed, or an title added, with my consent, or other like consented.

SIGNATURE: _____ 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR