

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014207

1. Entity Name

UNION SOCCER CLUB, INC.

**FILED**  
Jul 05, 2000 8:00 am  
Secretary of State

05-16-2000 90566 007 \*\*\*150.00

Principal Place of Business

700 NE 80 STREET  
MIAMI FL 33138

Mailing Address

700 NE 80 STREET  
MIAMI FL 33138-4613

2. Principal Place of Business

398 NE 171 TER.

Suite, Apt. #, etc.

3. Mailing Address

398 NE 171 TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

650895751

Applied For

Not Applicable

Zip

33162

Country

Zip

33162

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ST CHARLES, CHARLES C  
700 NE 80 STREET  
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name ROMAIN JOSEPH

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

398 NE 171 TERRACE

City

MIAMI

FL

Zip Code

33162

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

*Romain Joseph*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-00

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

TITLE	president	<input type="checkbox"/> Delete
NAME	Romain Joseph	
STREET ADDRESS	N. Miami Beach FLA 33162	
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	Lubain Joseph	
STREET ADDRESS	398 N.E 171 terrace	
CITY-ST-ZIP	N. MIAMI, Beach FLA 33162	
TITLE	VICE President	<input type="checkbox"/> Delete
NAME	Jacques Charles	
STREET ADDRESS	33168	
CITY-ST-ZIP	341 N.W 139 ST MIAMI	
TITLE	2nd Vice President	<input type="checkbox"/> Delete
NAME	Wesley Auguste	
STREET ADDRESS	6632 Arbor Drive, Miramar	
CITY-ST-ZIP	33022	
TITLE	BOARD Member	<input type="checkbox"/> Delete
NAME	Yolande Paul	
STREET ADDRESS	398 N.E 171 terrace	
CITY-ST-ZIP	N. MIAMI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(305) 249-2699	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(305) 488 72 63	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(305) 769-28 64	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(954) 893-70 67	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(305) 249-26 99	
STREET ADDRESS		
CITY-ST-ZIP	Beach FLA 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Romain Joseph*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-00

954-680-0226

x/17

CR2ED34 (9/99)