## 2000 UNIFORM BUSINESS REPORT (UBR) May 31, 2000 8:00 am Secretary of State DOCUMENT # V10087 1. Entity Name MIAMI SOFTBALL LEAGUE, INC. 05-31-2000 90003 043 \*\*\*150.00 Principal Place of Business Mailing Address 6466 SW 129TH AVENUE 6466 SW 129TH AVENUE MIAMI FL 33183-1372 MIAMI FL 33183 บร US 2. Principal Place of Business 3. Mailing Address DO NOT-WRITE-IN-THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0308860 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEDO, JOSE A Street Address (P.O. Box Number is Not Acceptable) **6466 SW 129TH AVENUE MIAMI FL 33183** Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE LEDO, JOSE ANTONIO NAME NAME STREET ADDRESS 6466 S.W. 129 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete Change 装 改 於 海绵 縣 NAME NAME "FIEW STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . ः रेट्र हे 🐔 🖸 Delete 💢 . 1: TITLE ☐ Change ☐ Addition TÌTLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I, hereby certify that the information supplied with this filling 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.

Date

Daytime Phone #

SIGNATURE: