

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90096 049 ****70.00

DOCUMENT # N99000004418

1. Entity Name

RENE AROCHA'S SPORT ORGANIZATION, INC.

Principal Place of Business

Mailing Address

14273 S.W. 24TH STREET
 MIAMI FL 33175

14273 S.W. 24TH STREET
 MIAMI FL 33175-8001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-093887

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

AROCHA, RENE
14273 S.W. 24TH STREET
MIAMI FL 33175

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AROCHA, RENE	NAME	
STREET ADDRESS	14273 S.W. 24TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AROCHA, FIDEL E	NAME	
STREET ADDRESS	3882 S.W. 89TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AROCHA, VIVIAN	NAME	
STREET ADDRESS	14273 S.W. 24TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL VALLE, SARVELIO	NAME	
STREET ADDRESS	7941 W. 30TH LANE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, LINDA	NAME	
STREET ADDRESS	3883 S.W. 89TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSES, JOSEPH	NAME	
STREET ADDRESS	14273 S.W. 24TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	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 617, 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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2000

Date

Daytime Phone #

CR2E037 (9/99)