

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90384 011 \*\*\*\*61.25

**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**

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

**65-0938871**

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

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>AROCHA, RENE</b>	
STREET ADDRESS	<b>14273 S.W. 24TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>AROCHA, FIDEL E</b>	
STREET ADDRESS	<b>3882 S.W. 89TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>AROCHA, VIVIAN</b>	
STREET ADDRESS	<b>14273 S.W. 24TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEL VALLE, SARVELIO</b>	
STREET ADDRESS	<b>7941 W. 30TH LANE</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, LINDA</b>	
STREET ADDRESS	<b>3883 S.W. 89TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROSES, JOSEPH</b>	
STREET ADDRESS	<b>14273 S.W. 24TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-02 305 559 0653**  
 Date Daytime Phone #

CR2E037 (9/01)