

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000004824

**Entity Name:** MIAMI LAKES UNITED SOCCER CLUB, INC.

**Current Principal Place of Business:**

18802 NW 89TH AVE  
MIAMI, FL 33018

**Current Mailing Address:**

18802 NW 89TH AVE  
MIAMI, FL 33018 US

**FEI Number: 46-2870904**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DE LA CRUZ, GLADYS  
18802 NW 89TH AVE  
MIAMI, FL 33018 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                           |                 |                               |
|-----------------|---------------------------|-----------------|-------------------------------|
| Title           | PD                        | Title           | TD                            |
| Name            | MURRAY, ALVIN DELIVERIES  | Name            | DE LA CRUZ, GLADYS DELIVERIES |
| Address         | 18802 NW 89TH AVE         | Address         | 18802 NW 89TH AVE             |
| City-State-Zip: | MIAMI FL 33018            | City-State-Zip: | MIAMI FL 33018                |
|                 |                           |                 |                               |
| Title           | SD                        |                 |                               |
| Name            | FRANCO, ALVARO DELIVERIES |                 |                               |
| Address         | 18802 NW 89TH AVE         |                 |                               |
| City-State-Zip: | MIAMI FL 33018            |                 |                               |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GLADYS DE LA CRUZ**

**TREASURER**

**03/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date