

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005422

**FILED**  
**Jan 04, 2016**  
**Secretary of State**  
**CC4389714140**

**Entity Name:** WEST PINES UNITED FUTBOL CLUB, INC.

**Current Principal Place of Business:**

CHAPEL TRAIL COMMERCE CENTER  
911 NW 209TH AVENUE UNIT#136  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

P O BOX 821443  
PEMBROKE PINES, FL 33082

**FEI Number:** 65-0949896

**Certificate of Status Desired:** No

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

GOMEZ, MAURICIO MR.  
CHAPEL TRAIL COMMERCE CENTER  
911 NW 209TH AVENUE UNIT#136  
PEMBROKE PINES, FL 33029 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 TD  
Name GOMEZ, MAURICIO  
Address 19516 SW 49TH COURT  
City-State-Zip: MIRAMAR FL 33029

Title PD  
Name VARONA, GUSTAVO  
Address 20541 NW 6 ST  
City-State-Zip: PEMBROKE PINES FL 33029

Title D  
Name YANES, CRISTINA  
Address 20873 NW 14TH CT  
City-State-Zip: MIRAMAR FL 33029

*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:** MAURICIO GOMEZ

**TD**

**01/04/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date