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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400005812

1. Corporation Name

SEPA TENNIS COMPANY

Principal Place	of Business	Mailing Address			1	1 198111					
8215 NW 64TH	ST	8215 NW 64TH ST									
04		04				DO NOT WRITE IN THIS SPACE					
MIAMI FL 33166		MIAMI FL 33166 US			}	3. Date Incorporated or Qualified					
US		Uð						20100			Ì
		Long the Winner Andrews				01/10/19 4. FEI Numbe				Applie	rd For
2. Principal Place of Business		2a. Mailing Address									pplicable
21 8295 NW 56 TH ST		26 8295 NW 56 TH ST				65-041 <u>6</u>	<u> </u>		607	5 Add	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•			5. Certifcate of	of Status Desir	ed 🔀	****	e Requi	
22		27								 '	
City & State		⊢ ¬ ' '			·	6. Election Ca		icing		00 Ma led to F	
23 MIAMI, FLORIDA		28 MIAMI, FLORIDA Country					Contribution			ea to F	ees
Zip	Country	Zip	_	ntry		8. This corpor		e current year	Intangible Yes	₽ G	ονί
24 331		<u> </u>	30	UŞ		10. Name and	roperty Tax.	law Bagistor		- 47	
	9. Name and Address of Current	Registered Agent		81 Nan		10. Name and	Address of t	vew Kegister	eu Ayem		
DALI	LO H MACHADO		-	81 Nan	ne .	PAULO H	MACHA	DO DO			}
			Ì	82 Stre	et Addres	Address (P.O. Box Number is Not Acceptable)					
401 69TH ST APT 2-P				1	4626 SW	<u> 143RD</u>	CT				
E108				83							1
MIAN	MI BEACH FL 33141			84 City			_		85	Zip Coc	ie
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11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the at	ove-nam	ed corpor	ation submits th	is statement fo	or the purpose	of changing	j its reg	gistered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	^r Florida. Such change was aut	thorized	by the co	orporation	's board of direc	tors. I hereby	accept the ap	ipointment a	s regisi	iétea
_	Il lamillar with, and accept the congula	313 01, 0000011 001,0000, 11011	30 01010								
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered	Apent signat	ure required v	vhen reinstating)		DATE			
							ADDITIONS/CHANGES TO OFFICERS AND DIRECT				
12.	OFFICERS AND		13.			ADDITIONS	/CHANGES T	O OFFICERS	AND DIRE	CTORS	IN 12
12.	OFFICERS AND		13.		DP	ADDITIONS	/CHANGES T	O OFFICERS	AND DIRE	CTORS	N 12 ☐ Addition
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address of the corporation of the corporation of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address of the corporation of the

6.4 CITY-ST-ZIP

C/TY-ST-ZIP