2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P01000115101

1. Entity Name

FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90470 019 ***150.00

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PRO-ATHLETES INC. Principal Place of Business Mailing Address GRAND BAY PLAZA: SUITE 2001 Grand Bay Plaza: Suite 200 2665 SOUTH BAYSHOE DRIVE 2005 COUTH BAYSHOE DRIVE MIAMI-FL 33133 MIAMI FL 33133. 2. Principal Place of Business 3. Mailing Address WIE 1221 Beickell Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 1020 City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent QUNITERO, FRANK JR. PA 1221 Brickell AVE Street Address (P.O. Box Number is Not Acceptable) GRAND BAY PLAZA, SUITE 200 suite 1020 2665 SOUTH BAYSHOE DRIVE mami, R 33131 MIAMI FL 33133 . 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. I am familiar with, and accept the obligations of registered agent. 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TYLE ☐ Delete TITLE Addition QUINTERO, FRANK JR. NAME NAME 2665 S. BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133 CITY-ST-ZIP **VSTD** TITLE ☐ Delete TITLE Change Addition **BORGES, SERGIO** NAME NAME 1221 Beickell WE suite 1020 STREET ADDRESS 2665-3. BAYSHORE DRIVE-STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133 CITY-ST-ZIP VPD-TITLE Delete TITLE Change Addition CABREJA: ALEXIS NAME NAME 2665 S. BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI-FL 33133 -CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach hent all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition