

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

DOCUMENT # G34339

1. Entity Name
PROMOCIONES DEPORTIVAS, INC.



03-07-2003 90141 050 ***150.00

Principal Place of Business
**1334 S.W. 1ST. STREET
MIAMI FL 33135**

Mailing Address
**1334 S.W. 1ST. STREET
MIAMI FL 33135**

10033401



2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2273085**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FLORES, RAMON M
1334 S.W. 1ST STREET
MIAMI FL 33135**

Name

DORIS Chang

Street Address (P.O. Box Number is Not Acceptable)

1334 SW 1st Street

City

Miami

FL

Zip Code

33135

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]
Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
NAME **FLORES, RAMON MARCELO**
STREET ADDRESS **1334 S.W. 1ST STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **RAMON M. FLORES**
STREET ADDRESS **1342 SW 1st Street**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **VS** ☐ Delete
NAME **CHANG, DORIS**
STREET ADDRESS **1334 S.W. 1ST STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 607, 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

3/5/03

(305) 858-8802

Date

Daytime Phone #

CR2E034 (10/02)