

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90099 037 ***150.00

DOCUMENT # G84962

1. Entity Name

SOUTH FLORIDA STADIUM CORPORATION

Principal Place of Business

Mailing Address

2269 NW 199TH STREET
MIAMI FL 33056

2269 NW 199TH STREET
MIAMI FL 33056-2600

80007114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2450432

Applied For

Not Applied

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

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVE
27TH FLOOR
MIAMI FL 33131

Name

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

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME KRAMM, ROBERT L
STREET ADDRESS 2269 NW 199TH STREET
CITY-ST-ZIP MIAMI FL

TITLE DVPS
NAME ROCHON, RICHARD C
STREET ADDRESS 2269 NW 199TH STREET
CITY-ST-ZIP MIAMI FL

TITLE TAS
NAME MARINER, JONATHAN D
STREET ADDRESS 2269 NW 199TH STREET
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT
NAME WILLIAM GAYANTE
STREET ADDRESS 2269 NW 199TH STREET
CITY-ST-ZIP MIAMI, FL. 33056

TITLE PRESIDENT
NAME M. BRUCE SCHULZE
STREET ADDRESS 2269 NW 199TH STREET
CITY-ST-ZIP MIAMI, FL. 33056

TITLE TREASURER
NAME DAVID NUNES
STREET ADDRESS 2269 NW 199TH STREET
CITY-ST-ZIP MIAMI, FL. 33056

TITLE ASSISTANT SECRETARY
NAME CHRIS BRANDEN
STREET ADDRESS 2269 NW 199TH STREET
CITY-ST-ZIP MIAMI, FL. 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID NUNES

1/11/2000

305-626-7214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #