

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90127 020 ***150.00

DOCUMENT # G84962

1. Entity Name
SOUTH FLORIDA STADIUM CORPORATION

Principal Place of Business

**2269 NW 199TH STREET
 MIAMI FL 33056**

Mailing Address

**2269 NW 199TH STREET
 MIAMI FL 33056**

2. Principal Place of Business

2269 DAN MARINO BLVD

Suite, Apt. #, etc.

3. Mailing Address

2269 DAN MARINO BLVD

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33056

Country

Zip

33056

Country

4. FEI Number

59-2450432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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	VPS	<input type="checkbox"/> Delete
NAME	ROCHON, RICHARD	
STREET ADDRESS	2269 NW 199TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHULZE, M. BRUCE	
STREET ADDRESS	2269 NW 199TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	T	<input type="checkbox"/> Delete
NAME	NUNES, DAVID	
STREET ADDRESS	2269 NW 199TH STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BRANDEN, CRIS	
STREET ADDRESS	2269 NW 199TH ST	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GALANTE, WILLIAM	
STREET ADDRESS	2269 DAN MARINO BLVD	
CITY-ST-ZIP	MIAMI, FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2269 DAN MARINO BLVD.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2269 DAN MARINO BLVD.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2269 DAN MARINO BLVD.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2269 DAN MARINO BLVD.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALANTE, WILLIAM	
STREET ADDRESS	2269 DAN MARINO BLVD.	
CITY-ST-ZIP	MIAMI, FL 33056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/02 305-626-7214

CR2E034 (9/01)