

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90069 004 ***150.00

DOCUMENT # G84962

1. Entity Name
SOUTH FLORIDA STADIUM CORPORATION



Principal Place of Business
2269 DAN MARINO BLVD
MIAMI FL 33056

Mailing Address
2269 DAN MARINO BLVD
MIAMI FL 33056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2450432

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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. 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
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 VPS ☒ Delete
NAME ROCHON, RICHARD
STREET ADDRESS 2269 DAN MARINO BLVD
CITY-ST-ZIP MIAMI FL 33056

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

TITLE P ☐ Delete
NAME SCHULZE, M. BRUCE
STREET ADDRESS 2269 DAN MARINO BLVD
CITY-ST-ZIP MIAMI FL 33056

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

TITLE T ☐ Delete
NAME NUNES, DAVID
STREET ADDRESS 2269 DAN MARINO BLVD
CITY-ST-ZIP MIAMI FL 33056

TITLE ☒ Change ☐ Addition
NAME TREASURER & ASSISTANT SECRETARY
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME BRANDEN, CRIS
STREET ADDRESS 2269 DAN MARINO BLVD
CITY-ST-ZIP MIAMI FL 33056

TITLE ☒ Change ☐ Addition
NAME VICE PRESIDENT & SECRETARY
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME GALANTE, WILLIAM
STREET ADDRESS 2269 DAN MARINO BLVD
CITY-ST-ZIP OPA LOCKA FL 33056

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **DAVID NUNES**

1/16/03

305-626-7214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)