

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J71555

1. Entity Name  
**BOXING WORLD, INC.**

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90021 027 \*\*\*150.00

Principal Place of Business

% PAUL SCIORTINO  
3201A N STATE ROAD 7  
MARGATE FL 33063  
US

Mailing Address

% PAUL SCIORTINO  
9521 BOCA COVE CIRCLE #504  
BOCA RATON FL 33428-7749

2. Principal Place of Business

9521 BOCA COVE CIRCLE

3. Mailing Address

Suite, Apt. #, etc.  
# 504

Suite, Apt. #, etc.

City & State

BOCA RATON FL 33428-7749

City & State

Zip  
33428-7749

Country  
PALM BEACH

Zip

Country

4. FEI Number **59-2934645**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SCIORTINO, PAUL  
9521 BOCA COVE CIR. #504  
BOCA RATON FL 33428

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SCIORTINO, PAUL  
9521 BOCA COVE CIR. #504  
BOCA RATON FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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: Paul Sciortino **PAUL SCIORTINO, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2000 954 978 1870

Date

Daytime Phone #

CR2004 1999