

*\* Amended \**  
**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L01000001466**

1. Entity Name  
**FINGER SPORT, LLC**

Principal Place of Business  
**6770 S.W. 124TH STREET  
 MIAMI FL 33156**

Mailing Address  
**6770 S.W. 124TH STREET  
 MIAMI FL 33156**

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

**65-1096821**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MIAMI CENTER REGISTERED AGENTS, INC.  
 201 S. BISCAYNE BLVD.  
 SUITE 1700  
 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. 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 \$50.00**

**Make Check Payable to Department of State  
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>B.O.M.</b>	<b>LARRY CHILSON</b>	<b>14830 SW 167 AVE</b>		
			<b>MIAMI, FL 33187</b>		
	<b>BOM</b>	<b>ANDRES DAWSON</b>	<b>6770 SW 101 STREET</b>		
			<b>MIAMI, FL 33156</b>		
	<b>BOM</b>	<b>ERIC SMITH</b>	<b>4966 HAMMOCK LAKE DR</b>		
			<b>COVINGTON, FL 33156</b>		
	<b>BOM</b>	<b>RAUL GARLIA</b>	<b>6640 SW 99 AVE</b>		
			<b>MIAMI, FL 33173</b>		
	<b>BOM</b>	<b>TRUY TEMPLETON</b>	<b>6250 SW 130 ST</b>		
			<b>MIAMI, FL 33156</b>		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*Efrain Arroyave*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**8-15-02 305-252-6572**

DO NOT WRITE IN THIS SPACE



SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

02 AUG 26 PM 3:02

08-20-2002 90128 008 \*\*\*\*50.00

APPROVED  
 HANDED IN  
 FILED 039

CR2E083 (4/02)