

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000021195**

1. Entity Name

**SECON SPORTS, LLC**

Principal Place of Business

**5180-G NORTH US HIGHWAY 1  
MELBOURNE FL 32940**

Mailing Address

**5180-G NORTH US HIGHWAY 1  
MELBOURNE FL 32940**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**90-0001317**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PALACIOS  
PALACIOS, FERNANDO M ESQ.  
525 EAST STRAWBRIDGE AVENUE  
MELBOURNE FL 32901**

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

**MGR  
MESAS, REINALDO LEON BERACASA  
5180-G NORTH US HIGHWAY 1  
MELBOURNE FL 32940** ☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

11. 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 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:

**SIGNATURE REQUIRED****07-15-02 321-7514546**

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

Date

Daytime Phone #

**FILED  
Jul 30, 2002 8:00 am  
Secretary of State**

07-17-2002 90139 020 \*\*\*\*50.00

**97981**

DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)