

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90577 029 ****50.00

DOCUMENT # L02000000066

1. Entity Name

NUNEZ SPORT ENTERPRISES, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9TH CALLE, 21-65, CASA 34

Suite, Apt. #, etc.

RESIDENCIALES ZONA 14 ZONA 14

City & State

GUATEMALA CITY

Zip

Country

GUATEMALA CA

3. Mailing Address

9TH CALLE, 21-65, CASA 34

Suite, Apt. #, etc.

RESIDENCIALES ZONA 14 ZONA 14

City & State

GUATEMALA CITY

Zip

Country

GUATEMALA CA

4. FEI Number

80-0018311

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

TED R. TAMARGO

Street Address (P.O. Box Number is Not Acceptable)

401 EAST JACKSON STREET SUITE 2650

City

TAMPA

FL

Zip Code

33602

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM
NAME IGOR NUNEZ
STREET ADDRESS 9TH CALLE, 21-65, CASA 34
CITY-ST-ZIP RESIDENCIALES ZONA 14, ZONA 14

TITLE
NAME GUATEMALA CITY, GUATEMALA CA
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME MIRELLA AGUIRRE
STREET ADDRESS 9TH CALLE, 21-65, CASA 34
CITY-ST-ZIP RESIDENCIALES ZONA 14, ZONA 14

TITLE
NAME GUATEMALA CITY, GUATEMALA CA
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date 4/30/02

Daytime Phone # 813-287-2333