

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2002 8:00 am
Secretary of State

04-19-2002 90002 039 ***150.00

0201893 AV

DOCUMENT # L14919

1. Entity Name
INTERCONTINENTAL SPORTS, INC.

Principal Place of Business
300 BISCAYNE WAY SUITE 1014
MIAMI FL 33131
US

Mailing Address
300 BISCAYNE BV WAY
STE 1014
MIAMI FL 33131
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
300 BISCAYNE BV WAY
 Suite, Apt. #, etc.
STE 1014

3. Mailing Address
 Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

4. FEI Number **59-2989160**

Applied For
Not Applicable

Zip **33131** **Country** **US**

Zip **Country**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAPORTA, RICARDO
300 BISCAYNE BLVD WAY SUITE 1014
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.

SIGNATURE _____ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LAPORTA, RICARDO**
STREET ADDRESS **300 BISCAYNE BV WAY STE 1014**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: RICARDO LAPORTA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10 2002 (305) 343-7406
 Date Daytime Phone #

CR2E034 (9/01)