2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000766

1. Entity Name
CAPTEC STER FLORIDA LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -9 AM 10: 21

00152:55 AF

Principal Place of Business	Mailing Address
24 FRANK LLOYD WRIGHT DRIVE LOBBY L. 45TH FLOOR ANN ARBOR MI 48106-0544	24 FRANK LLOYD WRIGHT DRIVE LOBBY L. 45TH FLOOR ANN ARBOR MI 48105-9755

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2408203 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A.G.C. CO. 200 SOUTH ORANGE AVENUE SUNTRUST CENTER, SUITE 2300 ORLANDO FL 32801-3432	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPTEC NET LEASE REALTY, INC. 24 FRANK LLOYD WRIGHT DR, LOBBY L, 45TH FL ANN ARBOR MI 48106-0544 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700003140217--8 -02/18/00--01088--024 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition mf 2/16/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[illegible] ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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 [signature] 1-28-00 (734) 994-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

World Boxing Promotions, Inc.

FILED
00 FEB -9 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business / Mailing Address

15476 NW 77th Court, Suite # 604
Miami Lakes, FL 33016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same as above	15476 NW 77th Ct. #604
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 604
City & State	City & State Miami Lakes, FL
Zip / Country	Zip 33016 / Country DADE

4. FEI Number 65-0680286 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Jorge Cervantes
15476 NW 77th Court, #604
Miami Lakes, FL 33016

7. Name and Address of New Registered Agent

Name Jorge Cervantes
Street Address (P.O. Box Number is Not Acceptable) 15476 NW 77th Court, Suite #604
City Miami Lakes FL Zip Code 33016

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Jorge Cervantes 15476 NW 77th Court #604 Miami Lakes, FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000003141670--4 -02/21/00--01092--023 ****300.00 ****300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Vet 2/9/00

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: ______ 2/09/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #