

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006344**

1. Entity Name
CHAMP PROMOTIONS LLC

FILED

00 FEB -4 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
941 4TH STREET, STE #200M
MIAMI BEACH FL 33139

Mailing Address
941 4TH STREET, STE #200M
MIAMI BEACH FL 33139-6816

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES INC
941 4TH STREET #200
MIAMI BEACH FL 33139

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 Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Additi
NAME *MAF*
STREET ADDRESS
CITY-ST-ZIP
Jacqueline Ann Avis
Clos Du Bas, Rue Du Vallette
Sark, Channel Islands

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Additi
NAME *MAF*
STREET ADDRESS
CITY-ST-ZIP
Danny Andre Wakley
Clos Du Bas, Rue Du Vallette
Sark, Channel Islands

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Additi
NAME
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CITY-ST-ZIP
300003128623-6
-02/08/00-01137-014
*****50.00 *****50.00

TITLE Delete
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TITLE Change Additi
NAME
STREET ADDRESS
CITY-ST-ZIP

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* JACQUELINE ANN AVIS 2/10/2000 00 44 148183 220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #