

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006547

1. Entity Name
SPORTS EXPERIENCE L.C.

FILED

01 JAN 25 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

300 ARAGON AVENUE SUITE 253
CORAL GABLES FL 33134

Mailing Address

300 ARAGON AVENUE SUITE 253
CORAL GABLES FL 33134

2. Principal Place of Business

2725 SALZEDO ST.
Suite, Apt. #, etc.

3. Mailing Address

2725 SALZEDO ST.
Suite, Apt. #, etc.

City & State

CORAL GABLES - FL

City & State

CORAL GABLES - FL

4. FEI Number

65-0956163

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Guillermo Bassignani

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

2725 SALZEDO STREET

City

CORAL GABLES

FL

Zip Code

33134

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 Guillermo Bassignani, Manager

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR BASSIGNANI, GUILLERMO J
STREET ADDRESS 300 ARAGON AVENUE SUITE 253
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGR BASSIGNANI, Guillermo ☒ Change ☐ Addition
STREET ADDRESS 2725 SALZEDO STREET
CITY-ST-ZIP CORAL GABLES - FL - 33134

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

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

TITLE NAME ☐ Change ☐ Addition
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: Guillermo Bassignani REQUIRED

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

1/22/01

305 461 5551

Daytime Phone #

CR2E083 (11/00)