

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90124 017 ****50.00

DOCUMENT # L99000006547

1. Entity Name

SPORTS EXPERIENCE L.C.

Principal Place of Business

**2725 SALZEDO ST.
 CORAL GABLES FL 33134**

Mailing Address

**2725 SALZEDO ST.
 CORAL GABLES FL 33134**

2. Principal Place of Business

2929 S.W. 3RD AVE

3. Mailing Address

2929 S.W. 3RD AVE

Suite, Apt. #, etc.

Suite # 510

Suite, Apt. #, etc.

Suite 510

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33129

Country

USA

Zip

33129

Country

USA

4. FEI Number

65-0956163

Applied For

☐ Not Applicable

5. Certificate of Status Desired

X

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BASSIGNANI, GUILLERMO
 2725 SALZEDO STREET
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **BASSIGNANI, GUILLERMO**
 Street Address (P.O. Box Number is Not Acceptable) **2929 S.W. 3RD. AVENUE**
Suite 510
 City **MIAMI** FL **33129**

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

3-18-02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE **MGR.** ☒ Change ☐ Addition
 NAME **BASSIGNANI, GUILLERMO J.**
 STREET ADDRESS **2929 S.W. 3RD. AVE - # 510**
 CITY-ST-ZIP **MIAMI - FL - 33129**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

3-18-02 (786) 853-3414

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

Date

Daytime Phone #

CR2E083 (9/01)