

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000002245

1. Entity Name

HAMMOCKS VENOM HOCKEY, INC.

Principal Place of Business	Mailing Address	
8042 SW 133RD PL MIAMI FL 33183	8042 SW 133RD PL MIAMI FL 33183	

FILED

Jul 02, 2002 8:00 am  
Secretary of State

05-28-2002 91770 026 \*\*\*\*61.25

37474



DO NOT WRITE IN THIS SPACE

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

4. FEI Number	Applied For
65-0994145	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SARDINA, ESTHER M 6219 SW 147TH PL MIAMI FL 33193	Name: JORGE MARTINEZ Street Address (P.O. Box Number is Not Acceptable): 8042 SW 133 PL City: MIAMI FL Zip Code: 33183

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

*Jorge Martinez*

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/29/02*

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<p>PD MARTINEZ, JORGE 8042 SW 133RD PL MIAMI FL 33183</p> <p>SD SARDINA, ESTHER M 6219 SW 147TH PL MIAMI FL 33193</p> <p>D BLANCO, RAYMOND 8761 SW 155TH AVE. MIAMI FL 33193</p> <p>D MARTINEZ, IRIS 8042 SW 133 PL MIAMI FL 33183</p>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	

CRE037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE: *Jorge Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/29/02*