2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2002 8:00 am Secretary of State DOCUMENT # N0000004265 1. Entity Name ELIM SPORTS PROGRAM, INC. 02-27-2002 90035 024 ****70.00 Principal Place of Business Mailing Address 5800 S.W. 90TH COURT 5800 S.W. 90TH COURT MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1023995 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MOLLEDA, CONRADO 5800 S.W. 90TH COURT **MIAMI FL 33173** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition MOLLEDA, CONRADO NAME NAME 5800 S.W. 90TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP VTD TITLE ☐ Addition ☐ Delete TITLE Change MOLLEDA, ELSA NAME NAME 5800 S.W. 90TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP SECILETAM TITLE ☐ Detete TITLE Change ☐ Addition RODORD TECHNOLOGICA RODRIGUEZ, TEODORO NAME NAME 5800 S.W. 90TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami FL 33173 CITY-ST-ZIP TITLE Delete Change ☐ Addition TITLE rivera, edwin jr NAME NAME STREET ADDRESS 6110 SW 33 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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SIGNATURE:

CITY-ST-ZIP

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