

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90318 034 ****61.25

DOCUMENT # N96000003317

1. Entity Name

PALMETTO WRESTLING CLUB, INC.

Principal Place of Business

Mailing Address

C/O THOMAS E. KRAUSE ATTORNEY
 9700 S DIXIE HWY SUITE 550
 MIAMI FL 33156

C/O THOMAS E. KRAUSE ATTORNEY
 9700 S DIXIE HWY SUITE 550
 MIAMI FL 33156-2825



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0684278

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAUSE, THOMAS E
9700 S DIXIE HWY #550
MIAMI FL 33156

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 \$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

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KRAUSE, THOMAS | |
| STREET ADDRESS | 9675 SW 69TH AVE. | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CURTOS, TIM | |
| STREET ADDRESS | 7900 SW 133RD ST | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FREEBURG, RICK | |
| STREET ADDRESS | 6401 SW 96TH ST. | |
| CITY-ST-ZIP | PINECREST FL 33156 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FISHER, MILTON | |
| STREET ADDRESS | 4501 VENERA AVE. | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | QUIROGA, MARIO | |
| STREET ADDRESS | 18553 TIFFANY DRIVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRAVO, JUAN | |
| STREET ADDRESS | 7361 SW 116 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33156 | |

| | | |
|----------------|-----------------------|------------------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jerrey Megna | |
| STREET ADDRESS | 7361 SW 116th Terrace | |
| CITY-ST-ZIP | Miami FL 33156 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | John Rost | |
| STREET ADDRESS | 5966 PARADISE PT. DR. | |
| CITY-ST-ZIP | MIAMI, FL 33176 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 empowered.

SIGNATURE: *Timothy C. Curtis* **TIMOTHY C. CURTIS** 01-08-00 305-374-1521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)