

2000 UNIFORM BUSINESS REPORT (UBR)

1/

DOCUMENT # N98000006085

1. Entity Name

CAPT. BOB LEWIS BILLFISH CHALLENGE, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

01-27-2000 90088 023 ****61.25

| | |
|--|---|
| Principal Place of Business 13273 S.W. 124TH STREET MIAMI FL 33186 | Mailing Address 13273 S.W. 124TH STREET MIAMI FL 33186-0408 P.O. Box 140850 C |
|--|---|

| | |
|--------------------------------|---------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address P.O. Box 140850 |
|--------------------------------|---------------------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|---------------------------------|
| City & State | City & State Coral Gables FL |
|--------------|---------------------------------|

| | | | |
|-------|---------|-------|---------|
| Zip | Country | Zip | Country |
| 33186 | USA | 33186 | USA |

| | |
|-----------------------------|--|
| 4. FEI Number 65-0868468 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAKER, RONALD G
4675 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

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:
FEES 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEWIS, JUDY 13273 S.W. 124TH STREET MIAMI FL 33186 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHOOPMAN, HARRIS 13273 S.W. 124TH STREET MIAMI FL 33186 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAKER, SUZAN 13273 S.W. 124TH STREET MIAMI FL 33186 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Paul Leader 5979 NW 151 ST #110 MIAMI 33014 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/8/00** Daytime Phone #: **305.529.0066**

CR2E037 (9/98)