

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90200 010 \*\*\*150.00

**DOCUMENT #** P00000067248  
**1. Entity Name** EL Reventon Sports Bar, Inc.

**Principal Place of Business** 813 W. Sample Rd  
 Deerfield Beach, FL 33064  
**Mailing Address** Same

**2. Principal Place of Business** 813 W. Sample Rd  
 Suite, Apt. #, etc.  
**3. Mailing Address** Same  
 Suite, Apt. #, etc.

**City & State** Deerfield Beach  
**Zip** 33064 **Country** USA  
**City & State** \_\_\_\_\_  
**Zip** \_\_\_\_\_ **Country** \_\_\_\_\_

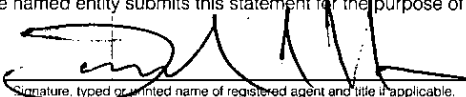
**4. FEI Number** 65-1017673  
**Applied For**  Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

00057041

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Daniel Casillas  
 1140 18th Ave N #3  
 Lake Worth, FL 33460

**7. Name and Address of New Registered Agent**  
**Name** Daniel Casillas  
**Street Address (P.O. Box Number is Not Acceptable)**  
 813 W. Sample Rd  
**City** Deerfield Beach **FL** **Zip Code** 33064

**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**  **DATE** 4/24/01  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00.**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	Miguel Lemus	1140 18th Ave N #3	Lake Worth, FL 33460	<input checked="" type="checkbox"/>
	Daniel Casillas			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P/S/T	813 W. Sample Rd	Deerfield Beach, FL 33064	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E034 (11/00)