

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2002 8:00 am**  
**Secretary of State**

02-10-2002 90015 006 \*\*\*158.75

0174860 AV

**DOCUMENT # P00000067248**

1. Entity Name  
**EL REVENTON SPORTS BAR, INC.**

Principal Place of Business <b>813 W. SAMPLE ROAD                  DEERFIELD BEACH FL 33064</b>	Mailing Address <b>813 W. SAMPLE ROAD                  DEERFIELD BEACH FL 33064</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <b>4250 N DIXIE HWY.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>POMPAUNO BEACH</b>	
Zip	Country	Zip <b>33064</b>	Country <b>BROWARD</b>

4. FEI Number <b>65-1017673</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CASILLAS, DANIEL**  
**813 W. SAMPLE ROAD**  
**DEERFIELD BEACH FL 33064**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>PST CASILLAS, DANIEL 813 W SAMPLE RD DEERFIELD BEACH FL 33064</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JUAN ALIAGA 813 W SAMPLE RD DEERFIELD BEACH FL 33064</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JUAN ALIAGA 813 W SAMPLE RD DEERFIELD BEACH FL 33064</b>	<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
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

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: *DANIEL CASILLAS* **DANIEL CASILLAS** **1-17-02** **(954) 785-3003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRPE034 (9/01)