

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90328 018 \*\*\*150.00

**DOCUMENT # P00000076883**

1. Entity Name

**UNIVERSAL STADIUMS, INC.**

Principal Place of Business

Mailing Address

2800 BISCAYNE BLVD NO 530  
 MIAMI FL 33137

2800 BISCAYNE BLVD NO 530  
 MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

800 Brickell Ave  
 Suite 900

800 Brickell Ave  
 Suite 900

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33131

USA

33131

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OCAMPO, CARLOS A  
 2800 BISCAYNE BLVD NO 530  
 MIAMI FL 33137

Name

OCAMPO, CARLOS A

Street Address (P.O. Box Number is Not Acceptable)

800 Brickell Ave, Suite 900

City

Miami, FL

FL

Zip Code

33131

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

*[Signature]*  
 (NOTE: Registered Agent signature required when reinstating)

DATE

02/21/01

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, 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	PSD	<input type="checkbox"/> Delete
NAME	OCAMPO, CARLOS A	
STREET ADDRESS	2800 BISCAYNE BLVD NO 530	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	STD	<input type="checkbox"/> Delete
NAME	OCAMPO, TULIO A	
STREET ADDRESS	2800 BISCAYNE BLVD NO 530	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEJIA, JOSE	
STREET ADDRESS	CARRERA 81A #13B60	
CITY-ST-ZIP	CALI COLOMBIA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCAMPO, CARLOS A	
STREET ADDRESS	800 Brickell Ave, Suite 900	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCAMPO, TULIO A	
STREET ADDRESS	800 Brickell Ave, Suite 900	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEJIA, JOSE	
STREET ADDRESS	800 Brickell Ave, Suite 900	
CITY-ST-ZIP	Miami, FL 33131	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*[Signature]*  
 CARLOS OCAMPO 02/21/01 305-539-1359

Date

Daytime Phone #

CR2004 (10/00)