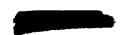
• 1 2001 UNIFORM BUSINESS REPORT (UBR) DÖCUMENT # **P0000094193** 1. Entity Name COMPLETE PLAYER INSTITUTE, INC. Principal Place of Business Mailing Address 1300 NW 167TH ST. STE 3 1300 NW 167TH ST. STE 3 MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 3. Mailino Address

5/1

FILED Jun 19, 2001 8:00 am Secretary of State

05-15-2001 90148 045 ***150.00





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33434	33434 USA 33434		USA		} •	5. Certificate of Status Desired Fee Required				
	6. Name and Address of Current I	Registered Agent			7.	Name and Address of New Register	ed Age	mt		
-			~ ·- ·	Name	••					
MORGAN, CHARLES O JR 1300 NW 167TH ST, STE 3				Street Ad	dress (P.O.	ess (P.O. Box Number is Not Acceptable)				
				Caron Marios (1.0. Con Marios (1.10) No. 100 Marios						
MIAN	#I FL 33169			1						1
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8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or r	egistered a	gent, or both, in the State of Florida.				1
SIGNATURE	•									
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: (legimere	d Agent signatur	required when	reinstating) DAT	TÉ			
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!	!! FEE	IS \$150.00)	40 Floring Compains Floring				7
Tax filing requirement and elects to do so. After MAY 1, 2001			01 Fee	will be \$55	0.00	10. Election Campaign Financing Trust Fund Contribution.			00 May Be d to Fees	-
(See criter	ria on back)	Make Check Payab	ie to D	epartment	of State	Trade t drie contribution.	_	~~~	4 (V 1 04 3	1
11.	OFFICERS AND D	DIRECTORS	12.		Al	DDITIONS/CHANGES TO OFFICERS A	ND DI	RECTOR	S IN 11]_
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13. I bereby c	artify that the information available with the	hip filing does not mustiful for	the even	notion plates	lin Ca-ti	140 OZIOVI) Eledde Control II				1
mulcated	ertify that the information supplied with the on this report or supplemental report is to continuous the continuous conti	rue and accurate and that m	V ŠIODALI	ura shall hav	e ine same	legal effect as it made under geth: that	I am a	n officer /	or director	
OI THE COIL	oration or the receiver or trustee empower or on an attachment with an address, wi	rereo to execute inis report a	is requir	ed by Chapt	er 607, Flori	ida Statutes; and that my name appear	s in Bio	ck 11 or	Block 12 if	1
		1./				-//				1
SIGNAT	URE: Kest L	Selle				3/29/01 50	<i>[-8</i>	62-6	2247	
	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER O	A DIRECTO	DA .		/ Date V	Daytima	Phone #		1