## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P00000104489 SPORT WAVE 2000, INC. 04-26-2001 90002 002 \*\*\*150.00 Principal Place of Business Mailing Address 3501 S.W. 107TH AVENUE 3501 S.W. 107TH AVENUE MIAMI FL 33165 MIAMI FL 33165 644549 2. Principal Place of Business 3. Mailing Address OY TERR 16101 1m 16101 rm 101 JEBE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 66-1054657 Mim Not Applicable \$8.75 Additional 5. Certificate of Status Desired US A US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARLOS FLORES DIAZ, NELSON I Street Address (P.O. Box Number is Not Acceptable) 3501 S.W. 107TH AVENUE 0150 **MIAMI FL 33165** 1, ~~; the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity eubmits (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PTS Addition TITI F ☐ Delete TITLE FLORES, CARLOS R NAME CARLOS R NAME FLORES 104 TERIS STREET ADDRESS STREET ADDRESS 3501 S.W. 107TH AVENUE 16101 5W CITY-ST-ZIP CITY-ST-ZIP FL 33196 **MIAMI FL 33165** Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITL F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete nne NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change TITLE ☐ Delete 1111 E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

CARIOS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR