

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90012 037 \*\*\*150.00

**DOCUMENT # P00000108220**  
 1. Entity Name  
**SPORT MARKETING INTERNATIONAL CORP.**

Principal Place of Business  
**15279 NW. 7 STREET**  
**PEMBROKE PINES FL 33028**

Mailing Address  
**15279 NW. 7 STREET**  
**PEMBROKE PINES FL 33028**



2. Principal Place of Business  
**5440 N. STATE RD. 7**  
 Suite, Apt. #, etc. **218**

3. Mailing Address  
**5440 N. STATE RD. 7**  
 Suite, Apt. #, etc. **218**

City & State  
**FORT LAUDERDALE FL**

Zip  
**33319**

Country  
**USA**

4. FEI Number **65-1070561** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MACINTER CORPORATION**  
**15279 NW. 7 STREET**  
**PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent

Name **MACINTER CORPORATION**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5440 N. STATE RD. 7 #218**  
 City **FORT LAUDERDALE** FL Zip **33319**

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 **BY MIGUEL A. CURCI (P) MACINTER CORP.**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **04/27/02**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CEPEDA, JUAN CARLOS<br>15279 NW. 7 STREET<br>PEMBROKE PINES FL 33028 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TR<br>CURI, MIGUEL A<br>15279 NW 7TH STREET<br>PEMBROKE PINES FL 33028     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PP<br>CURI, MIGUEL A<br>15802 NW 14 MANOR<br>PEMBROKE PINES FL 33028 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: **MIGUEL A. CURCI (P)** DATE **04-27-02 (9:14) 7317848**  
 Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (9/01)