2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 27, 2002 8:00 am { Secretary of State DOCUMENT # P01000056039 1. Entity Name 03-27-2002 90017 032 ***150.00 MAD ABOUT SOCCER, INC. Principal Place of Business Mailing Address 3440 HOLLYWOOD BLVD STE 360 3449 HOLLYWOOD BLVD STE 360 HOLLYMOOD EI 33021 HOH YWOOD, FL. 33021 2. Principal Place of Business 3. Mailing Address 7930 NW 36TH STREET 7930 NW 36TH STREET Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #21-B #21-B City & State City & State 4. FEI Number Applied For MIAMI FL 65-1114576 MIAMI FL. Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33166 - --USA-33166 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIEGO S. WAINER -- ROTH, LEONARDO A --Street Address (P.O. Box Number is Not Acceptable) 4/68 NW 9/TH PLACE -3440 HOLLYWOOD BLVD STE 360 -- HOLLYWOOD FL 33021 City MIAMI 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PTD ☐ Delete TITLE Change Addition COVOS, SEBASTIAN A NAME NAME 4768 NW 97TH PLACE 3440 HOLLYWOOD BLVD STE 360 STREET ADDRESS STREET ADDRESS MIAMI FL, 33178 CITY-ST-ZIP HOLLYWOOD-FL 33021 City-ST-7IP TITLE **VSD** ☐ Delete TITLE Change Addition NAME WAINER, DIEGO S 4768 NW 97TH PLACE STREET ADDRESS STREET ADDRESS 3440 HOLLYWOOD BLVD STE 360 MIAMI FL, 33178 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

FILED