

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90339 004 ***150.00

DOCUMENT # **P01000069875**

1. Entity Name
ST. BART SPORTS, INC

DO NOT WRITE IN THIS SPACE

B0053747

2. Principal Place of Business
6208 S. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address
6208 S. Dixie Hwy
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
South Miami FL

City & State
South Miami FL

Zip
33143 Country
Miami-Dade

Zip
33143 Country
Miami-Dade

4. FEL Number
65-1125418

Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

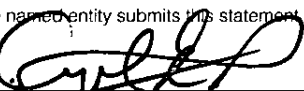
Name
Alfred Salazar

Street Address (P.O. Box Number is Not Acceptable)
6208 S. Dixie Hwy

City
South Miami FL Zip Code
33143

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



ALFRED SALAZAR

3/14/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

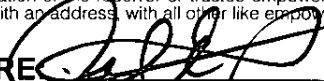
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Alfred B Salazar 6208 S. Dixie Hwy South Miami FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE



ALFRED SALAZAR

3/14/02

305 666-5732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)