

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90231 040 ***150.00

0286407 AV

DOCUMENT # P01000096191

1. Entity Name
BOXING POUND PER POUND, CORP.



Principal Place of Business
4491 NW 36TH STREET SYUTE B
MIAMI FL 33166

Mailing Address
4491 NW 36TH STREET SYUTE B
MIAMI FL 33166

2. Principal Place of Business
3173 W 69 Place
Suite, Apt. #, etc.

3. Mailing Address
3173 W 69 Place
Suite, Apt. #, etc.

City & State
Hialeah, FL
Zip 33108 Country US

City & State
Hialeah, FL
Zip 33018 Country US

4. FEI Number 65-1141568

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPUS, TOMAS D
4491 NW 36TH STREET SYUTE B
MIAMI FL 33166

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
PTD HOYOS, ALVARO E
STREET ADDRESS 4491 NW 36TH STREET SYUTE B
CITY-ST-ZIP MIAMI FL 33166

TITLE NAME ☐ Change ☐ Addition
PTD HOYOS ALVARO
STREET ADDRESS 3173 W 69 PL
CITY-ST-ZIP Hialeah, FL 33018

TITLE NAME ☐ Delete
VSD CORPUS, TOMAS D
STREET ADDRESS 4491 NW 36TH STREET SYUTE B
CITY-ST-ZIP MIAMI FL 33166

TITLE NAME ☐ Change ☐ Addition
VSD CORPUS, TOMAS D.
STREET ADDRESS 3173 W 69 PL
CITY-ST-ZIP Hialeah, FL 33018

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alvaro Hoyos PTD 4/27/03 (305) 799-6359

Date Daytime Phone #

CR2E034 (10/02)