

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

9/10/2003-90060-037-\$150.00-\$150.00

0130324 AT

DOCUMENT # P02000063631

1. Entity Name  
DOOMSDAY CLUB INCORPORATED



SEP 22 PM 1:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
PO BOX 530219  
MIAMI FL 33153

Mailing Address  
PO BOX 530218  
MIAMI FL 33153



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

37-1432833

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, RENE  
981 NE 113TH STREET  
MIAMI FL 33161

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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  
STREET ADDRESS  
CITY-ST-ZIP  
P  
ALVAREZ, RENE  
981 NE 113TH STREET  
MIAMI FL 33161 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

(Signature and typed or printed name of signing officer or director)

9.3.03

Date

35295-680

Daytime Phone #

CR2E034 (4/03)

*Attachment*

*80146164*

*# PO 2000063631*

Sumo Media Corporation  
Doomsday Club Corporation  
PO Box 530218  
Miami, FL 33153  
Miami, FL 33153

To Whom it may concern,

~~Please forgive for the lateness of paying this fee. During the year we had~~  
~~switched accountants, and being that they were in possession of our documents,~~  
~~we were unaware of our obligation to you. Please accept our apologies in this~~  
~~matter.~~

Should you need to ask any questions, feel free to call me on my cellular phone:  
305.528.4326.

Thank you very much for your consideration in this matter,

Rene Alvarez  
President