

2007 FOR PROFIT CORPORATION ANNUAL REPORT

07-13-2007 90089 002 ***175.00
P04000096209

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000096209

1. Entity Name
SERGIO ROUCO'S WORLD WIDE BASKETBALL CAMPS
INC.



Principal Place of Business
FIU BASKETBALL OFFICE-GPA/268
UNIVERSITY PARK CAMPUS
MIAMI, FL 33199

Mailing Address
FIU BASKETBALL OFFICE-GPA/268
UNIVERSITY PARK CAMPUS
MIAMI, FL 33199

DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3792807

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

QUINTAIROS, GEORGE F
9200 S. DADELAND BLVD.
SUITE PH-825
MIAMI, FL 33156

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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: George Quintairos

7/9/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$160.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROUCO, SERGIO
FIU BASKETBALL OFFICE-GPA/268
MIAMI, FL 33199

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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09/25/07--01014--014 ***393.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #