

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000073499

1. Entity Name

BIG LEAGUE MANAGEMENT, INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90010 048 ***150.00

Principal Place of Business

20120 NE 23RD CT
MIAMI FL 33180
US

Mailing Address

20120 NE 23RD CT
MIAMI FL 33180-1810
US

2. Principal Place of Business

PO Box 403353

Suite, Apt. #, etc.

3. Mailing Address

PO Box 403353

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

65-0448613

Applied For

Not Applicable

Zip

33140

Country

US

Zip

33140

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORFINKEL, NESTOR B
1111 KANE CONCOURSE STE 401
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

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.

SIGNATURE

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)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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	PD	<input type="checkbox"/> Delete
NAME	SAPOZNIK, MARIO	
STREET ADDRESS	16695 NE 10TH AVENUE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WEBERMAN, ELI	
STREET ADDRESS	16695 NE 10TH AVENUE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAFMAN, YAAKOV	
STREET ADDRESS	1111 KANE CONCOURSE STE 401	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBERMAN, ELI	
STREET ADDRESS	1111 KANE CONCOURSE STE 401	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 Block 12 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 #

YAAKOV BRAFMAN 4/19/00 (305) 725 5219