

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000073499

1. Entity Name
BIG LEAGUE MANAGEMENT, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90067 044 ***150.00

Principal Place of Business
**P O BOX 403353
MIAMI FL 33140
US**

Mailing Address
**P O BOX 403353
MIAMI FL 33140
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0448613**

Applied For
Not Applicable

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

GORFINKEL, NESTOR B
1111 KANE CONCOURSE STE 401
BAY HARBOR ISLANDS FL 33154
20818 West Dixie Highway
AVENTURA, FL 33180

Name
Street Address (P.O. Box Number is Not Acceptable)
20818 West Dixie Highway
City **AVENTURA** FL **33180**

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPOZNIK, MARIO		NAME		
STREET ADDRESS	16695 NE 10TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL 33162		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBERMAN, ELI		NAME		
STREET ADDRESS	1111 KANE COW COURSE STE 401		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL 33162		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAFMAN, YAAKOV		NAME		
STREET ADDRESS	1111 KANE CONCOURSE STE. 401		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33154		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: YAAKOV BRAFMAN, President 4/17/01 305 389 1856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0172528

CR2E034 (10/00)