## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATUR

## Apr 29, 2002 8:00 am Secretary of State P93000073499 DOCUMENT # 1. Entity Name 04-29-2002 90184 008 \*\*\*150.00 BIG LEAGUE MANAGEMENT, INC. Mailing Address Principal Place of Business P O BOX 403353 P O BOX 403353 00000733 MIAMI FL 33140 MIAMI FL 33140 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0448613 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GORFINKEL, NESTOR B Street Address (P.O. Box Number is Not Acceptable) 20818 WEST DIXIE HIGHWAY **AVENTURA FL 33180** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) V30 Change ☐ Addition TITLE ☐ Delete WEBERNAN, ELI NAME NAME WEBERMAN, ELI 20818 West Divie HIGHWAY STREET ADDRESS 1111 KANE COW COURSE STE 401 STREET ADDRESS AVENTURA, FL 33180 CITY-ST-ZIP N. MIAMI BEACH FL 33162 CITY-ST-ZIP **X** Change ☐ Addition ΡĐ ☐ Delete TITLE TITLE BRAFMAN, VAAKOV 20818 WEST DIXIE HIGHWAY NAME NAME BRAFMAN, YAAKOV STREET ADDRESS 1111 KANE CONCOURSE STE 401 STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33180 CITY-ST-ZIP **MIAMI FL 33154** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Daytime Phone #

**FILED**