## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

Principal Place of Business

GORFINKEL, NESTOR B

20818 WEST DIXIE HIGHWAY **AVENTURA FL 33180** 

P O BOX 403353

MIAM1 FL 33140

US

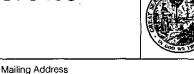
Zip

SIGNATURE

10.

P93000073499

1. Entity Name BIG LEAGUE MANAGEMENT, INC.



6. Name and Address of Current Registered Agent

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

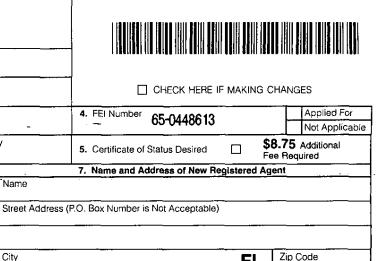
P O BOX 403353 MIAMI FL 33140

Zip

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

**FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91305 043 \*\*\*150.00



8.	The above named entity submits this statement for the purpose of changing its registered	ed office or registered agent	t, or both, in the State of I	Florida. I am familiar with	, and accept
	the obligations of registered agent.				

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!!	FEE IS \$150.00
	Fee will be \$550.00
Make Check Pavable to	Florida Department of State

Country

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VSD ☐ Addition ☐ Change TITLE Delete TITLE WEBERMAN, ELI NAME NAME 20818 WEST DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS **AVENTURA FL 33180** CITY-ST-ZIP CITY-ST-7IP PD TITLE ☐ Delete TITLE Change Addition BRAFMAN, YAAKOV NAME NAME 20818 WEST DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS **AVENTURA FL 33180** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 📰 TITLE - - 🔲 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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

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:

ال حيالة بود م ATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)