

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000019007

1. Entity Name

CREATIVE SPORTS ENTERTAINMENT & MANAGEMENT INC.

Principal Place of Business

700 NW 57TH PLACE
SUITE 16
FT LAUDERDALE FL 33309
US

Mailing Address

700 NE 57TH PLACE
SUITE 16
FT LAUDERDALE FL 33309
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

G 11 DAVIE, FL 33317



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0475057

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

BROPHY, ART

QUIK HANDS BASEBALL

700 NW 57TH PLACE

2071 S.W. 70 AVE

FT LAUDERDALE FL 33309

11 DAVIE, FL 33317

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BROPHY, ART
2043 MADISON STREET
HOLLYWOOD FL 33020-6911

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DYER, ROBERT
700 N.W. 57TH PLACE STE. 16
FORT LAUDERDALE FL 33309-2042

☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ Addition

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 of Brophy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR BROPHY

Date

Daytime Phone

CR2E034 (9/01)