

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057188

1. Entity Name

SPORTS PLAN ASSOCIATES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-13-2000 90014 022 ***150.00

Principal Place of Business Mailing Address
% 7015 BERACASA WAY C/O BERHALTER
SUITE 204 50 KNICKERBACKER RD
BOCA RATON FL 33433 TENAFLY NJ 07670-2414
US

2. Principal Place of Business 3. Mailing Address
133 EAST PALISADE AVE 133 EAST PALISADE AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
APT E APT E

City & State City & State
ENGLEWOOD, N. J. ENGLEWOOD, N. J.
Zip Country Zip Country
07631 US 07631 US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0517145 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

WALSER, THOMAS C ESQUIRE
7015 BERACASA WAY
SUITE 201
BOCA RATON FL 33433
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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	REYNA, MIGUEL	7 DUNDAR ROAD	SPRINGFIELD NJ 07081	X Change			
	VSD	REYNA, CLAUDIO	8770 SW 72ND ST 151				
		MIAMI FL					

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: *Mark P. Ber...* 3/6/00 201 567-0150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTORNEY IN FACT FOR CLAUDIO REYNA

CF2E034 (9/99)