

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013354

1. Entity Name

NBA LATIN AMERICA, INC.

Principal Place of Business

5201 BLUE LAGOON DR. 620
MIAMI FL 33126

Mailing Address

5201 BLUE LAGOON DR. 620
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST, 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name United Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
9200 South Dadeland Blvd.
Suite 508

City Miami FL Zip Code 33156

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

Michael A. Barr, Pres.
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE D ☐ Delete
NAME STERN, DAVID J
STREET ADDRESS 645 5TH AVE
CITY-ST-ZIP NEW YORK NY 10022

TITLE D ☒ Delete
NAME WELTS, RICK
STREET ADDRESS 645 5TH AVE
CITY-ST-ZIP NEW YORK NY 10022

TITLE VP ☒ Delete
NAME COIRO, RICHARD
STREET ADDRESS 450 HARMON BLVD
CITY-ST-ZIP SECAUCUS NJ

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director and President ☒ Change ☐ Addition
NAME Adam Silver
STREET ADDRESS 645 Fifth Avenue
CITY-ST-ZIP New York, NY 10022

TITLE Secretary ☐ Change ☒ Addition
NAME Joel Litvin
STREET ADDRESS 645 Fifth Avenue
CITY-ST-ZIP New York, NY 10022

TITLE Treasurer ☐ Change ☒ Addition
NAME Robert Criqui
STREET ADDRESS 100 Plaza Drive
CITY-ST-ZIP Secaucus, NJ 07094

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600003386086--1
-09/08/00--01003--015
****550.00 ****550.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Michael A. Barr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/00

212-407-8364

Date

Daytime Phone #

FILED

00 AUG 22 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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