

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026974

1. Entity Name  
**FLANKS SOCCER CORPORATION**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90160 017 \*\*\*150.00

Principal Place of Business <b>7125 BAY DR E          STE 407          MIAMI BEACH FL 33141          US</b>	Mailing Address <b>1295 NE 1ST AVE          MIAMI FL 33132-1502          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7125 BAY DR E.          Suite, Apt. #, etc.          # 407          City &amp; State          MIAMI BEACH, FL          Zip          33141          Country          DADE</b>	3. Mailing Address <b>7125 BAY DRE.          Suite, Apt. #, etc.          # 407          City &amp; State          MIAMI BEACH, FL          Zip          33141          Country          DADE</b>
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4. FEI Number <b>65-0570487</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**DE SOUZA, PAULO E.  
 7125 BAY DR E  
 STE 407  
 MIAMI BEACH FL 33132**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00        After MAY 1, 2000 Fee will be \$550.00        Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS FIDALGO PINHEIRO, LUCIA H 7125 BAY DR E #407 MIAMI BEACH FL 33141</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DE SOUZA, PAULO E 7125 BAY DR E #407 MIAMI BEACH FL 33141</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **LUCIA HELENA FIDALGO** **4/26/2000** **(305) 377 45 44**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)