

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P95000059478

1. Entity Name

DOUBLECROSS CHAMPIONSHIP WRESTLING PRODUCTION, I

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90031 026 ***158.75

Principal Place of Business

Mailing Address

1951 HARDING STREET, REAR
HOLLYWOOD FL 33021

1951 HARDING STREET, REAR
HOLLYWOOD FL 33020-2712
US

2. Principal Place of Business

3. Mailing Address

8837 oakwood dr

561 Green River Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Wales Florida

City & State

DAVIE Florida

Zip

Country

33853

USA

Zip

Country

33325

USA

4. FEI Number

65-0642943

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

DAVALOS, ROBERT
1951 HARDING STREET, REAR
HOLLYWOOD FL 33021

Name

DAVALOS, Robert

Street Address (P.O. Box Number is Not Acceptable)

561 Green River Lane

City

DAVIE Florida

FL

Zip Code

33325

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 Robert Davalos president

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/2000

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 ☐ Delete
NAME P
STREET ADDRESS DAVALOS, ROBERT
CITY-ST-ZIP 1951 HARDING STREET, REAR
HOLLYWOOD FL 33021

TITLE ☐ Change ☐ Addition
NAME P
STREET ADDRESS DAVALOS Robert
CITY-ST-ZIP 561 Green River Lane
DAVIE Florida 33325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

Robert Davalos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert DAVALOS 5/1/2000

CR2E034 (9/99)