

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000078893

1. Entity Name

J.G. SPORTS PROMOTION INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90069 047 ***150.00

Principal Place of Business

Mailing Address

2101 SW 52 ST
FT LAUDERDALE FL 33312

2101 SW 52 ST
FT LAUDERDALE FL 33312-6044

2. Principal Place of Business

3. Mailing Address

4020 S.W 84th TERRACE

4020 S.W 84th TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DAVIE

DAVIE

City & State

City & State

FLORIDA

FLORIDA

Zip 33328

Country U.S.A

Zip 33328

Country U.S.A

4. FEI Number

65-0616135

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

GUEVREMONT, JOCELYN

~~2101 S.W. 52 ST~~

~~FT. LAUDERDALE FL 33312~~

4020 S.W 84th TERRACE
DAVIE FL. 33328

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 ☐ Delete

NAME D GUEVREMONT, JOCELYN

STREET ADDRESS 1410 S. FEDERAL HIGHWAY 4020 S.W 84th TERRACE

CITY-ST-ZIP HOLLYWOOD FL 33020 DAVIE FL. 33328

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

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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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)