

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005478

1. Entity Name

SPORTS TIPS, INC.

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90010 022 \*\*\*150.00

Principal Place of Business

18459 PINES BLVD.  
SUITE 241  
PEMBROKE PINES FL 33029

Mailing Address

18459 PINES BLVD.  
SUITE 241  
PEMBROKE PINES FL 33029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0638149

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHWARTZ, MICHAEL  
2435 HOLLYWOOD BLVD  
STE 204  
HOLLYWOOD FL 33020

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME HEICHEN, MITCHELL  
STREET ADDRESS 18459 PINES BLVD., SUITE 241  
CITY-ST-ZIP PEMBROKE PINES FL 33029

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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:

*Mitchell Heichen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/00

Date

954 450 1736

Daytime Phone #

CR2E034 (5/00)

Attachment *DA# 19600005478*  
*DW78058*

**JEWETT, SCHWARTZ & ASSOCIATES**  
CERTIFIED PUBLIC ACCOUNTANTS

CHARLES E. JEWETT, C.P.A.  
MICHAEL A. SCHWARTZ, C.P.A.  
MICHELLE K. HARNICK, C.P.A.

August 1, 2000

Division of Corporations  
Annual Report Section  
PO Box 6327  
Tallahassee, FL. 32314

Ref.: Sports Tips, Inc.  
P 96000005478

Dear Sir or Madam:

Please be advised that the above listed company did not receive the original annual report. Enclosed please find a check in the amount for \$ 150.00 and the completed 2<sup>nd</sup> Notice UB Report. On behalf of our client we respectfully request that the penalty waived.

Thank you in advance for your kind and prompt attention in this matter.

Sincerely,

*Jewett Schwartz & Associates CPAs*  
Jewett, Schwartz & Associates CPAs