

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005478

1. Entity Name

SPORTS TIPS, INC.

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SCHWARTZ, MICHAEL
2435 HOLLYWOOD BLVD
STE 204
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name SCHWARTZ, MICHAEL
Street Address (P.O. Box Number is Not Acceptable) 2514 HOLLYWOOD BLVD
SUITE # 508
City HOLLYWOOD FL 33020

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)

4/2/01
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, 2001 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 PD
STREET ADDRESS HEICHEN, MITCHELL
CITY-ST-ZIP 18459 PINES BLVD., SUITE 241
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

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TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01 9544369904
Date Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90111 018 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)