

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048464

1. Entity Name  
**HARDCORE MOVEMENTS INC.**

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

05-08-2000 90178 012 \*\*\*150.00

Principal Place of Business <b>19511 S.W. 87TH PLACE MIAMI FL 33157</b>	Mailing Address <b>19511 S.W. 87TH PLACE MIAMI FL 33157-8925</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>19511 SW 87th PLACE</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>MIAMI FL</b>	City & State
Zip <b>33157</b>	Country <b>USA</b>

4. FEI Number <b>65-0703890</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SINCLAIR, WAYNE P  
19511 S.W. 87TH PLACE  
MIAMI FL 33157**

7. Name and Address of New Registered Agent  
Name: **SINCLAIR WAYNE**  
Street Address (P.O. Box Number is Not Acceptable):  
**19511 S.W. 87th PLACE**  
City: **MIAMI** FL Zip Code: **33157**

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: **WAYNE P SINCLAIR PRESIDENT** DATE: **4/24/2000**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SINCLAIR, WAYNE 19511 SW 87TH PLACE MIAMI FL 33157</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FAIRWEATHER, PAUL 12466 SW 198TH ST MAIMI FL 33177</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FAIRWEATHER, MICHAEL 22316 SW 99TH PL MIAMI FL 33190</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BECKFORD, GAWAINE 9380 MARTIQUE DRIVE MIAMI FL 33189</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FRITZ, HARRIS 10362 S W 212 ST APT MIAMI FL 33189</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 reports 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: **WAYNE P. SINCLAIR PRESIDENT** DATE: **4/24/2000** DAYTIME PHONE #: **305 778-9554**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)