

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90199 044 \*\*\*150.00

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**DOCUMENT #** P96000048464

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



**Principal Place of Business**  
19511 S.W. 87TH PLACE  
MIAMI FL 33157

**Mailing Address**  
19511 S.W. 87TH PLACE  
MIAMI FL 33157

80110301



**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

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

**4. FEI Number** 65-0703890  
Applied For  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**  
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. I am familiar with, and accept the obligations of, registered agent.**

SIGNATURE: *Wayne P Sinclair*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: 4/29/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE: *Wayne P Sinclair*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/29/03  
Date

305 778-9554  
Daytime Phone #

CR2E034 (10/02)