

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076714

1. Entity Name

SARGASSO SPORTS, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90036 021 ***150.00

Principal Place of Business

Mailing Address

100 N BISCAYNE BLVD
 SUITE 1707
 MIAMI FL 33132

100 N BISCAYNE BLVD
 SUITE 1707
 MIAMI FL 33132-2308

2. Principal Place of Business

6 S.E. 1st AVENUE

3. Mailing Address

6 S.E. 1st AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0713286

Applied For

Not Applicable

Zip
 33131

Country

U.S.A.

Zip
 33131

Country

U.S.A.

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

BERGER, DAVID S
 100 N BISCAYNE BLVD
 SUITE 1707
 MIAMI FL 33132

Name

ALBERTO BAROUH

Street Address (P.O. Box Number is Not Acceptable)

9260 S.W. 72nd STREET

SUITE 206

City

MIAMI

FL

Zip Code
 33173

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

ALBERTO BAROUH.

2/16/00.

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 PD
 NAME SARGACO, RENATO
 STREET ADDRESS 20 SE FIRST AVE, 2ND FLOOR
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Renato Sargaco

02/18/00

305-536-9036

CR2E034 (9/99)