

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90185 018 \*\*\*150.00

DOCUMENT # P96000096214

1. Entity Name  
SPORT INVESTMENT PROPERTIES, INC.



Principal Place of Business  
6600 COLLINS AVE  
MIAMI BEACH FL 33141  
US

Mailing Address  
~~24 DOCKSIDE LANE~~  
~~PMB 485~~  
~~KEY LARGO FL 33037~~  
~~US~~

00000000



2. Principal Place of Business

3. Mailing Address  
10720 Caribbean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Suite 425

City & State

City & State  
Miami FL

4. FEI Number 65-0715179

Applied For  
Not Applicable

Zip

Country

Zip 33189 Country US

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

SPORT, WILLIAM A

~~24 DOCKSIDE LANE PMB~~

~~#485~~

~~KEY LARGO FL 33037~~

Name

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

10720 Caribbean Blvd Suite 425

City

Miami

FL

Zip Code 33189

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SPORT, WILLIAM A	
STREET ADDRESS	<del>24 DOCKSIDE LANE PMB 485</del>	
CITY-ST-ZIP	<del>KEY LARGO FL 33037</del>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GENTILE, ANDREA	
STREET ADDRESS	28 B MARLIN LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TZALIK, SHARONE	
STREET ADDRESS	13245 CORONADO LANE	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10720 Caribbean Blvd Suite 425	
CITY-ST-ZIP	Miami FL 33189	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)