

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000023198**1. Entity Name  
**PROMOSPORTS INTERNATIONAL, INC.**Principal Place of Business  
6601 SW 123 ST.  
MIAMI FL 33156Mailing Address  
P.O. BOX 431821  
MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address  
P.O. BOX 565093

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City & State  
MIAMI FL

Zip

Country

Zip

Country

4. FEI Number

**65-0734569**

Applied For

Not Applicable

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

PAZ ANTONIO  
6601 SW 123 ST.

MIAMI FL 33156

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.

SIGNATURE **ANTONIO PAZ****01/30/2001**

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

(NOTE: Registered Agent signature required when reinstating)

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 D ☐ Delete  
NAME PAZ MARIA  
STREET ADDRESS 6601 SW 123RD ST.  
CITY-ST-ZIP MIAMI FL 33156TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME PAZ ANTONIO  
STREET ADDRESS 6601 SW 123RD ST.  
CITY-ST-ZIP MIAMI FL 33156TITLE ☐ Change ☐ Addition  
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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: **Antonio PAZ**

Pres

01/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)