

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90163 030 \*\*\*150.00

**DOCUMENT # P97000040217**

1. Entity Name  
**6770 INVESTMENT CORP.**

Principal Place of Business  
**6770 COLLINS AVE.  
 MIAMI BEACH FL 33141**

Mailing Address  
**24 DOCKSIDE LN  
 PMB 485  
 KEY LARGO FL 33037  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0752951**

Applied For  
 Not Applicable

Zip Country

Zip Country

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  
 24 DOCKSIDE LN  
 PMB 485  
 KEY LARGO FL 33037**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	SPORT, WILLIAM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	100 ANCHOR DR #485	STREET ADDRESS	24 DOCKSIDE LANE PMB 485
CITY-ST-ZIP	KEY LARGO FL 33037	CITY-ST-ZIP	
SD	GENTILE, ANDREA	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	28 B MARTIN LANE	STREET ADDRESS	28 B MARTIN LANE
CITY-ST-ZIP	KEY LARGO FL 33037	CITY-ST-ZIP	
VPD	SPORT, BRENDA	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	100 ANCHOR DR #485	STREET ADDRESS	24 DOCKSIDE LANE PMB 485
CITY-ST-ZIP	KEY LARGO FL 33037	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<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 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: *Andrea Gentile*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/19/01** Daytime Phone #: **305-367-4118**

CR2E034 (10/00)