

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004325

1. Entity Name

JOE CUBAS SPORTS COUNCIL, INC.

FILED

Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90211 034 ***158.75

Principal Place of Business

13830 S.W. 28TH STREET
MIAMI FL 33175

Mailing Address

13830 S.W. 28TH STREET
MIAMI FL 33175

2. Principal Place of Business

8180 N.W. 36 ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite # 314

City & State

MIAMI, FLORIDA

City & State

Zip

33144

Country

USA

Country

4. FEI Number

APPLIED FOR

65-0993374

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSSZ FIU CORPORATION
200 S. BISCAYNE BLVD. 20TH FLOOR
MIAMI FL 33131

Name

JOE CUBAS

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

8180 NW 36 ST

Suite # 314

City

MIAMI

FL

Zip Code

33144

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CUBAS, JOE I 13830 S.W. 28TH STREET MIAMI FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

President, Joe Cubas 02/05/01
(305) 629-8599

CR2E034 (10/00)