

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90104 025 ***150.00

DOCUMENT # P98000021704

1. Entity Name

BLUE CHIP BASEBALL AND SOFTBALL SHOWCASES ACADEM

Principal Place of Business

Mailing Address

13750-S. W. 48th St.
MIAMI FL. 33175

2. Principal Place of Business

3. Mailing Address

13750 S. W. 48th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FL. 33175

City & State

City & State

4. FEI Number

65-0845483

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

MENA, PEDRO**13750 S. W. 48th St.**
MIAMI FL. 33175

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

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

Pedro Mena

(NOTE: Registered Agent signature required when re-registering)

04-26-2001

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

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

TITLE **D**
NAME **MENA, PEDRO**
STREET ADDRESS **13750-S. W. 48th St.**
CITY-ST-ZIP **MIAMI FL. 33175**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ AdditionSTREET 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

Pedro Mena

Date

04-26-2001

Daytime Phone #

CR2E034 (10/00)