

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031948

1. Entity Name

INTERNATIONAL ATHLETE MANAGEMENT, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90371 049 ***150.00

Principal Place of Business

Mailing Address

1245 SOUTH ALHAMBRA CIRCLE
CORAL GABLES FL 33146

1245 SOUTH ALHAMBRA CIRCLE
CORAL GABLES FL 33146-3104

2. Principal Place of Business

3. Mailing Address

706 DAVIS ROAD
Suite, Apt. #, etc.

706 DAVIS ROAD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES, FL
Zip
33143
Country

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CORAL GABLES, FL
Zip
33143
Country

4. FEI Number 65-0832031

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

HOLLANDER, MARK J
9360 SUNSET DR, SUITE 287
MIAMI FL 33173

Name

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

9700 SOUTH DIXIE HWY #1900

City MIAMI

FL

Zip Code 33156

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	MATO, EUGENE	
STREET ADDRESS	1245 SOUTH ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)