

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90007 027 \*\*\*150.00

**DOCUMENT # P98000041465**

1. Entity Name  
**COACH D'S BASKETBALL CAMP INC.**



Principal Place of Business  
 P.O. BOX 562436  
 MIAMI FL 33256-2436

Mailing Address  
 P.O. BOX 562436  
 MIAMI FL 33256-2436

**A0072595**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **65-0839840**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DELAGRANA, OCTAVIO**  
**9031 SW 45 STREET**  
**MIAMI FL 33165**

**7. Name and Address of New Registered Agent**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>D DE LA GRANA, OCTAVIO 9031 S.W. 45 ST MIAMI FL 33165</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

**8/10/00** **305-207-0506**  
Date Daytime Phone #

CR2E034 (5/00)

081400

To Division of Corp.

From: OCTAVIO De LA GRANA 9031 SW  
Coach D's Basketball INC. - 45 ST  
Miami FL 33165

Please Accept The Enclosed Check  
For the yearly Corp. Dues.  
WE DID NOT RECEIVE A 1ST NOTICE  
FOR THE YEARLY DUES. Please Accept  
The Enclosed Check And Forward The  
Information TO THE ABOVE ADDRESS.

Signed  
