

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90089 024 \*\*\*158.75

DOCUMENT # P98000049810

1. Entity Name

ONLY 4 FANS CORP.

Principal Place of Business

Mailing Address

7296 NW 8 ST  
MIAMI FL 33126

4880 S.W. 4TH STREET  
MIAMI FL 33134-1205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7296 NW 8 ST

MIAMI FL

33126

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0842605

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

Rebollo

REBOLLO, SERGIO JR.

17415 N.W. 66TH COURT

MIAMI FL 33015

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.

(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	VD	<input type="checkbox"/> Delete
NAME	REBOLLO, REINALDO SR.	
STREET ADDRESS	4880 S.W. 4TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REBOLLO, SERGIO JR.	
STREET ADDRESS	17415 N.W. 66TH COURT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V.T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINALDO REBOLLO SR.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERGIO REBOLLO	
STREET ADDRESS	403 NW 72 AVE #114	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSCAR CORTIZO	
STREET ADDRESS	7296 NW 8ST.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTO FONSECA	
STREET ADDRESS	7296 NW 8ST	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

SERGIO REBOLLO

04/29/00, 305-446-8576

Date

Daytime Phone #

CR2E034 (9/99)