

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90034 013 \*\*\*150.00

**DOCUMENT # P98000096774**

1. Entity Name

**MVP SPORTS MARKETING, INC.**

Principal Place of Business

Mailing Address

12735 S.W. 32ND TERR.  
 MIAMI FL 33175

12735 S.W. 32ND TERR.  
 MIAMI FL 33175-2646

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0876435**

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

~~GUTIERREZ, JOSE E.  
 6420 N.W. 39TH ST.  
 MIAMI FL 33166~~

Name

*Fernando Puig*

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

*12735 SW 32nd Terr.*

City

*Miami*

**FL**

Zip Code

*33175*

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.

*President*

(NOTE: Registered Agent signature required when reinstating)

*1/6/00*

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

| TITLE | NAME                  | STREET ADDRESS               | CITY-ST-ZIP           | <input type="checkbox"/> Delete |
|-------|-----------------------|------------------------------|-----------------------|---------------------------------|
|       | <b>D</b>              |                              |                       | <input type="checkbox"/> Delete |
|       | <b>PUIG, FERNANDO</b> | <b>12735 S.W. 32ND TERR.</b> | <b>MIAMI FL 33175</b> | <input type="checkbox"/> Delete |
|       |                       |                              |                       | <input type="checkbox"/> Delete |
|       |                       |                              |                       | <input type="checkbox"/> Delete |
|       |                       |                              |                       | <input type="checkbox"/> Delete |
|       |                       |                              |                       | <input type="checkbox"/> Delete |
|       |                       |                              |                       | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/6/00*

DATE

*305 392-4106*

Daytime Phone #