

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90058 003 \*\*\*150.00

**DOCUMENT # P98000099329**

1. Entity Name

**PLANET SOCCER, INC.**

Principal Place of Business

Mailing Address

1331 N.W. 155TH DRIVE  
 MIAMI FL 33169

2140 N. 25TH AVENUE  
 HOLLYWOOD FL 33020-2353

654051

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10600 SW 48 STREET

FORT LAUDERDALE

33328

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3553338

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

Name

CAZAUX FERNANDO A.

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

10600 SW 48 STREET

City

FORT LAUDERDALE

FL

Zip Code 33328

CAZAUX, FERNANDO A  
 2140 N. 25TH AVENUE  
 HOLLYWOOD FL 33020

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	APD	<input type="checkbox"/> Delete
NAME	CAZAUX, FERNANDO	
STREET ADDRESS	2140 N. 25TH AVE.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PER APD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDO CAZAUX	
STREET ADDRESS	10600 SW 48 ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT ENGERER	
STREET ADDRESS	10600 SW 48 ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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

FERNANDO CAZAUX

Date

Daytime Phone #

4/25/00 (305) 389-4527