

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90135 012 \*\*\*150.00

**DOCUMENT # P98000108463**

1. Corporation Name

**TOTAL SPORTS MANAGEMENT, INC.**



Principal Place of Business

C/O MICHAEL ORTIZ  
2665 S BAYSHORE DRIVE, STE. 902  
MIAMI FL 33133

Mailing Address

C/O MICHAEL ORTIZ  
2665 S BAYSHORE DRIVE, STE. 902  
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/29/1998**

4. FEI Number

**65-0901669**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

**21 15250 SW 134TH PL**

2a. Mailing Address

**26 15250 SW 134TH PLACE**

Suite, Apt. #, etc.

**22 #108**

Suite, Apt. #, etc.

**27 #108**

City & State

**23 MIAMI, FL**

City & State

**28 MIAMI, FL**

Zip

**24 33177**

Country

**25 USA**

Zip

**29 33177**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**ORTIZ, MICHAEL**  
**2665 S BAYSHORE DRIVE, STE. 902**  
**MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **ROBERTO CECCHINI BRUNI**  
STREET ADDRESS **15250 SW 134TH PLACE, # 108**  
CITY-ST-ZIP **MIAMI, FL 33177**

TITLE ☐ DELETE

NAME **DIRECTOR REGINA L BRUNI**  
STREET ADDRESS **15250 SW 134TH PL. # 108**  
CITY-ST-ZIP **MIAMI, FL 33177**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**ROBERTO C. BRUNI**

**3/28/99**

**305 913 0012**

Date

Daytime Phone #

CR2E034 (11/98)