## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P99000043065 Mar 20, 2000 8:00 am **Secretary of State** WAHOO SPORTS CORP. 03-20-2000 90027 017 \*\*\*158.75 Mailing Address Principal Place of Business 224 NORTHWEST 106TH AVENUE 224 NORTHWEST 106TH AVENUE PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026-3922 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65 - 091 7863 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VTD\$ Lugo, TushenKa 224 VORTH WEST 106th Avenue Pembroke Pincs, FL 33026 **Addition** PD TITLE ☐ Delete TITLE HERNANDEZ, ALBERTO I MAME NAME STREET ADDRESS STREET ADDRESS 224 NORTHWEST 106TH AVENUE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Change Addition Delete TITLE TITLE SPIVEY, JOHN D NAME STREET ADDRESS STREET ADDRESS 224 NORTHWEST 106TH AVENUE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Change Addition ☐ Delete TITLE TITLE LUGO, TUSHENKA NAME NAME STREET ADDRESS STREET ADDRESS 224 NORTHWEST 106TH AVENUE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation of the c Alberto 1. Hernandez 03/13/00 SIGNATURE: