

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056569

1. Entity Name

GLOBAL SPORTS LINK, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90184 031 ***150.00

Principal Place of Business

Mailing Address

2400 WEST 84 STREET
SUITE #11
HIALEAH FL 33016

2400 WEST 84 STREET
SUITE #11
HIALEAH FL 33016-5709

2. Principal Place of Business

1201 N.E. 191ST STREET
Suite, Apt. #, etc. #204

3. Mailing Address

113 NORTH FEDERAL HWY.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH

City & State

DANIA BEACH

4. FEI Number

65-0928817

Applied For

Not Applicable

Zip

33179

Country

U.S.A.

Zip

33004

Country

U.S.A.

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

LAMA, ALEXANDER P
2400 WEST 84 STREET
SUITE #11
HIALEAH FL 33016

Name

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

1201 N.E. 191ST STREET #204

City

NORTH MIAMI BEACH

FL

Zip Code
33179

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

- REGISTERED AGENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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	PD	<input type="checkbox"/> Delete
NAME	LAMA, ALEXANDER P	
STREET ADDRESS	2400 WEST 84 STREET #11	
CITY-ST-ZIP	HIALEAH FL 33016	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1201 N.E. 191ST STREET #204
CITY-ST-ZIP	NORTH MIAMI BEACH, FL. 33179
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP BORIS MORALES
STREET ADDRESS	1201 NE 191ST STREET #204
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
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	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXANDER P. LAMA - PRESIDENT

Date

4/26/00

Daytime Phone #

CR2E034 (9/99)