

2000 UNIFORM BUSINESS REPORT (UBR)

9/6/00-90095-047-\$150.00-\$150.00

DOCUMENT # P99000076984

1. Entity Name

SPORTEURO, CO.

Principal Place of Business

241 POINCIANA ISLAND
SUNNY ISLES FL 33160

Mailing Address

POST OFFICE BOX 611446
NORTH MIAMI FL 33261-1446

2. Principal Place of Business

FLORIDA

3. Mailing Address

POST OFFICE BOX

State, Apt. #, etc.

687 LONE PINE LANE

State, Apt. #, etc.

P.O. Box 267483

City & State

WESTON FLORIDA

City & State

WESTON FLORIDA

Zip

33327

Country

USA

Zip

33326

Country

USA

I CAN DOCUMENT THE ABOVE



DO NOT WRITE IN THIS SPACE

4. FEI Number

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

CEVENINI, R. MAURO
241 POINCIANA ISLAND
SUNNY ISLES FL 33160

Name CEVENINI R. MAURO

Street Address (P.O. Box Number is Not Acceptable)
687 LONE PINE LANE

City WESTON

FL

Zip 33327

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

8/31/00.

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
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGING DIRECTOR
R. MAURO CEVENINI
687 LONE PINE LANE
WESTON, FLORIDA 33327

Change
OF
Address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CUSTOMER RELATIONS DIR.
CAROL P. CEVENINI
687 LONE PINE LANE
WESTON FLORIDA 33327

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER

MANAGING DIR.

8/31/00

(305) 336 26 58 024

00 32 477 42 1274

10/18/00

CR2E034 (9/99)