

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90025 021 \*\*\*150.00

**DOCUMENT #** P99000105557

**1. Entity Name**

NUNEZ, GUIM, MCCARTHY ENTERTAINMENT & SPORTS  
 MARKETING, INC.

**Principal Place of Business**

8181 N.W. 14 Street  
 Suite 200  
 Miami, Florida 33126

**Mailing Address**

Same

**2. Principal Place of Business**

8181 N.W. 14 Street  
 Suite, Apt. #, etc.  
 Suite 200

**3. Mailing Address**

8181 N.W. 14 Street  
 Suite, Apt. #, etc.  
 Suite 200

City & State  
 Miami, Florida

City & State  
 Miami, Florida

**4. FEI Number**

59-3625288

**Applied For**

Not Applicable

Zip  
 33126

Country  
 USA

Zip  
 33126

Country  
 USA

**5. Certificate of Status Desired**

☐

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

ATRIUM REGISTERED AGENTS, INC  
 1500 San Remo Avenue Suite 125  
 Coral Gables, Florida 33146

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

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**

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**

TITLE	President/Director	<input type="checkbox"/> Delete
NAME	Rene Nunez	
STREET ADDRESS	8181 N.W. 14 Street Suite 200	
CITY-ST-ZIP	Miami, Florida 33126	
TITLE	Secretary/Director	<input type="checkbox"/> Delete
NAME	Michael Nunez	
STREET ADDRESS	8181 N.W. 14 Street Suite 200	
CITY-ST-ZIP	Miami, Florida 33126	
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		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/25/00

Date

(305) 436-0106

Daytime Phone #

CR2E034 (9/99)