

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V52894

1. Entity Name

WE SHOOT'EM, INC.

Principal Place of Business

Mailing Address

BILTMORE EXEC. CTR
1200 ANASTASIA AVE
CORAL GABLES FL 33134
US

BILTMORE HOTEL EXEC. CTR
1200 ANASTASIA AVE
CORAL GABLES FL 33134
US

2. Principal Place of Business

Biltmore Exec. Center

Suite, Apt. #, etc.

Suite 220

3. Mailing Address

1200 Anastasia Ave

Suite, Apt. #, etc.

Suite 220

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

6. Name and Address of Current Registered Agent

ADAMS, RICHARD J JR
4960 SW 72ND AVE
SUITE 303
MIAMI FL 33155

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPV
CHAVEZ, MARIA
1200 ANASTASIA AVE
CORAL GABLES FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
ADOLFO ALVAREZ CALDERON
1200 ANASTASIA AVE
CORAL GABLES FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90131 045 ***150.00

642356



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

016001