

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90163 025 ***150.00

U1/7/3/4 AV

DOCUMENT # P97000040217

1. Entity Name
6770 INVESTMENT CORP.



Principal Place of Business
6770 COLLINS AVE.
MIAMI BEACH FL 33141

Mailing Address
24 DOCKSIDE LN
PMB 485
KEY LARGO FL 33037
US



2. Principal Place of Business

3. Mailing Address

10720 Caribbean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 425

City & State

City & State

Miami FL

Zip

Country

Zip

Country

FL 33189 USA

4. FEI Number 65-0752951

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPORT, WILLIAM
24 DOCKSIDE LN
PMB 485
KEY LARGO FL 33037

Name

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

10720 Caribbean Blvd Suite 425

City

Miami

FL

Zip Code

33189

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SPORT, WILLIAM 24 DOCKSIDE LANE PMB 485 KEY LARGO FL 33037 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 10720 Caribbean Blvd Suite 425 Miami FL 33189 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GENTILE, ANDREA 28 B MARLIN LANE KEY LARGO FL 33037 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SPORT, BRENDA 24 DOCKSIDE LAE PMB 485 KEY LARGO FL 33037 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10720 Caribbean Blvd Suite 425 Miami FL 33189 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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CR2E034 (01/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-03

Date

Daytime Phone #