

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90248 029 ***150.00

UBR0103

DOCUMENT # P95000065790

1. Entity Name
ALL SPORTS USA, INC.

Principal Place of Business 55 W. CHURCH STREET, SUITE 180 ORLANDO FL 32801	Mailing Address 55 W. CHURCH STREET, SUITE 180 ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3831 W. Vine St Suite, Apt. #, etc. # 67	3. Mailing Address 7081 GRAND NATIONAL DR Suite, Apt. #, etc. # 110
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City & State Kissimmee FL	City & State ORLANDO FL	4. FEI Number 59-3332508	Applied For <input type="checkbox"/> Not Applicable
Zip 34741	Country Oseala	Zip 32819	Country Orange

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SIDDIQUI, SHAHAB
8085 CADIZ CT.
ORLANDO FL 32836

7. Name and Address of New Registered Agent
 Name: **SIDDIQUI SHAHAB**
 Street Address (P.O. Box Number is Not Acceptable): **6220 MEREDITH ERIN LANE**
 City: **ORLANDO** FL Zip Code: **32819**

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: *Shahab Siddiqui* DATE: **02-06-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D SIDDIQUI, SHAHAB 6220 MERRIDITH ERIN LN ORLANDO FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIDDIQUI, MOHMMAD MOHTAS 6220 MERRIDITH ERIN LN ORLANDO FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIDDIQUI, SIBEENA 6220 MERRIDITH ERIN LN ORLANDO FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP(F) FAIZA S. SIDDIQUI 6220 MERRIDITH ERIN LN. ORLANDO, FL 32819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Shahab Siddiqui* DATE: **02-06-01** DAYTIME PHONE #: **407-352-3822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)