

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90169 003 \*\*\*150.00

0398463 AV

**DOCUMENT # P96000000796**

1. Entity Name  
**ALL SPORTS SHOP, INC.**



Principal Place of Business  
**6838 FOREST HILL BLVD  
GREENACRES FL 33413  
US**

Mailing Address  
**6838 FOREST HILL BLVD  
GREENACRES FL 33413  
US**



2. Principal Place of Business  
**8125 Lake Worth Rd**

3. Mailing Address  
**8125 Lake Worth Rd**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Lake Worth FL**

City & State  
**Lake Worth FL**

4. FEI Number **65-0632773**

Applied For  
 Not Applicable

Zip **33467** Country

Zip **33467** Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FINK, HOWARD  
6838 FOREST HILL BLVD  
GREEN ACRES FL 33413**

7. Name and Address of New Registered Agent

Name **Howard Fink**

Street Address (P.O. Box Number is Not Acceptable)  
**8125 Lake Worth Rd**

City **Lake Worth FL** Zip Code **33467**

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 **Howard Fink** **Howard Fink** DATE **April 9, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>FINK, HOWARD</b>           |                                 |
| STREET ADDRESS | <b>2416 LANDINGS BLVD</b>     |                                 |
| CITY-ST-ZIP    | <b>W. PALM BEACH FL 33413</b> |                                 |
| 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    |                               |                                 |

11. 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    |  |   |

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: **SIGNATURE REQUIRED** **April 9, 2003** **561-434-1222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)