

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90011 038 \*\*\*150.00

**DOCUMENT # P97000106017**

1. Entity Name

**MARV KESSLER'S ALL PRO BASKETBALL SCHOOL, INC.**

Principal Place of Business

Mailing Address

C/O BARRY LEIBOWITZ  
 10670 N.W. 17TH PLACE  
 PLANTATION FL 33322

C/O BARRY LEIBOWITZ  
 10670 N.W. 17TH PLACE  
 PLANTATION FL 33322-6454

*1500 NW 108th Ave*

*1500 NW 108th Ave*

2. Principal Place of Business

3. Mailing Address

*Suite 235*

*Suite 235*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Plantation*

*Plantation*

City & State

City & State

*FL*

*FL*

Zip

Country

Zip

Country

*33322*

*U.S.A.*

*33322*

*U.S.A.*



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0829784**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEIBOWITZ, BARRY**  
 10670 N.W. 17TH PLACE  
 PLANTATION FL 33322

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KESSLER, MARV</b>	
STREET ADDRESS	<b>83-15 98TH STREET</b>	
CITY-ST-ZIP	<b>WOODHAVEN NY 11421-1623</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEIBOWITZ, BARRY</b>	
STREET ADDRESS	<b>10670 N.W. 17TH PLACE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33322</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>PERDEW, MICHAEL K</b>	
STREET ADDRESS	<b>11664 S.W. 91 TR.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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

*Barry Leibowitz*

Date

*4/6/00*

Daytime Phone #

*954-684-6277*