

2000 UNIFORM BUSINESS REPORT (UBR)

4/15

FILED
May 26, 2000 8:00 am
Secretary of State

04-19-2000 90052 014 ***150.00

DOCUMENT # P98000028879
 1. Entity Name
SPEED SKATE OUTLET & SPORTSWEAR, INC.

Principal Place of Business 710 WASHINGTON AVE. CU 10 MIAMI BEACH FL 33139	Mailing Address 710 WASHINGTON AVE. CU 10 MIAMI BEACH FL 33139-6248
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2. Principal Place of Business 15751 Sheridan St. Suite, Apt. #, etc. PMB 207	3. Mailing Address 15751 Sheridan St. Suite, Apt. #, etc. PMB 207
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DO NOT WRITE IN THIS SPACE

City & State FL. Lauderdale	City & State FL. Lauderdale	4. FEI Number 65-0824032	Applied For <input type="checkbox"/> Not Applicable
Zip 33331	Country Broward	Zip 33331	Country Broward

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

GIACOBETTI, ESTELLE
~~710 WASHINGTON AVE, CU 10~~
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
15751 Sheridan St (PMB 207)

City Ft. Lauderdale FL Zip Code 33331

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 _____ DATE _____
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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIACOBETTI, ESTELLE 710 WASHINGTON AVE, CU 10 MIAMI BEACH FL 33139	<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
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	15751 Sheridan St. PMB 207 FL. Lauderdale, FL 33331	<input checked="" 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
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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: Estelle Giacobetti 3/15/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/99