2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028879 1. Entity Name

SPEED SKATE OUTLET & SPORTSWEAR, INC.

Secretary of State 04-19-2000 90052 014 ***150.00 Mailing Address Principal Place of Business 710 WASHINGTON AVE. CU 10 710 WASHINGTON AVE. CU 10 MIAMI BEACH FL 33139-6248 MIAMI BEACH FL 33139 3. Mailing Address 2. Principal Place of Business MIDAN Suite, Apt. #, etc Suite, Apt. #, DO NOT WRITE IN THIS SPACE MB Applied For 4. FEI Number 65-0824032 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required MUART 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GIACOBETTI. ESTELLE Street Address (P.O. Box Namber is Not Acceptable) mb w -710 WASHINGTON AVE. CU-10 --MIAMI-BEACH FL 33139 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE GIACOBETTI, ESTELLE NAME ノスラぶ/ NAME 7-10-WASHINGTON AVE, CU-10 STREET ADDRESS 1.m B STREET ADDRESS CITY-ST-ZIP MIAMI REACH EL 33139 CITY-ST-ZIE Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change __. Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete MILE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME

4/19

May 26, 2000 8:00 am

I hereby certify that the information supplied with this filing does not quality 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 of 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE A SIGNING OFFICER OR DIRECTOR

Daytime Phone #