

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91757 023 ***150.00

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

P000000056809

T.A.D.S. Sports, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18331 Pines Blvd.

Suite, Apt. #, etc.

109

3. Mailing Address

18331 Pines Blvd.

Suite, Apt. #, etc.

109

City & State

Pembroke Pines

City & State

Pembroke Pines FL

Zip

33029

Country

Zip

33029

Country

4. FEI Number

65-1011472

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

William Wiener CPA

Street Address (P.O. Box Number is Not Acceptable)

4310 Sheridan St #202

City

Hollywood

FL

Zip Code
33021**DO NOT WRITE
IN THIS SPACE**

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 signatory agent and fee 4 applicable

(If 11, Registered Agent signature required when applicable)

DATE

9. This corporation is obliged to satisfy its intangible
tax filing requirement and elects to do so
(See criteria on back)☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees11. **OFFICERS AND DIRECTORS**

TITLE	PSD
NAME	Michael Marziotto
STREET ADDRESS	14359 Miramar Parkway
CITY - ST - ZIP	Miramar, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	18331 Pines Blvd #109
CITY - ST - ZIP	Pembroke Pines, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information furnished with this filing complies with the requirements stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres, Michael Marziotto

Date

Daytime Phone #