FROM : FAX NO. : Jul. 29 2002 02:35PM P3

7/24/2002-90132-007-$88.75-$88.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000072135

1. Entity Name
ATHLETIC USA INC ✓

DO NOT WRITE IN THIS SPACE

122694

2. Principal Place of Business		3. Mailing Address	
3067 NW 28th ST		3067 NW 28th ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FT. LAUDERDALE FL		City & State: FT. LAUDERDALE FL	
Zip: 33311	Country: USA	Zip: 33311	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 03-0383102 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: YEHEZKEL TWEG
Street Address (P.O. Box Number is Not Acceptable): 3067 NW 28th ST
City: FT. LAUDERDALE FL Zip Code: 33311

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]
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) ☐

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 Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	YEHEZKEL TWEG	NAME	
STREET ADDRESS	3067 NW 28th ST	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	500005765775--6
NAME	YOSEPH HAMO	NAME	-06/13/02--01067--002
STREET ADDRESS	19376 E COUNTRY CLUB DR.	STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	AVENTURA FL 33180	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE IN THIS SPACE
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ys 8/5/02