

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G33892

1. Entity Name

LACERS SPORT, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90018 048 \*\*\*150.00

Principal Place of Business

4400 N.W. 135TH STREET  
OPA-LOCKA FL 33054

Mailing Address

4400 N.W. 135TH STREET  
OPA-LOCKA FL 33054-4420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2295019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETASNE, CLAUDIO  
1031 SW 156TH AVENUE  
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name

Chase, Alan R.

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

Suite 600

9400 S. Dadeland Boulevard

City  
Miami

FL

Zip Code  
33156

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 Alan R. Chase

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/28/00

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

TITLE VP ☐ Delete  
NAME PETASNE, LEON  
STREET ADDRESS 2041 NE 211 STREET  
CITY-ST-ZIP N MIAMI BCH FL 33179

TITLE P ☐ Delete  
NAME PETASNE, CLAUDIO  
STREET ADDRESS 1031 SW 156TH AVENUE  
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE VP ☐ Delete  
NAME PETASNE, ROBERT  
STREET ADDRESS 3249 NE 169 ST  
CITY-ST-ZIP N. MIAMI BEACH FL 33160

TITLE S ☐ Delete  
NAME PETASNE, EDUARDO  
STREET ADDRESS 20907 LEEWARD CT # 257  
CITY-ST-ZIP N. MIAMI BEACH FL 33180

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition  
NAME Petasne, Leon  
STREET ADDRESS 4400 NW 135 Street  
CITY-ST-ZIP Opa Locka, FL 33054-4420

TITLE DS ☒ Change ☐ Addition  
NAME Petasne, Claudio  
STREET ADDRESS 4400 NW 135 Street  
CITY-ST-ZIP Opa Locka, FL 33054-4420

TITLE V ☒ Change ☐ Addition  
NAME Petasne, Robert  
STREET ADDRESS 4400 NW 135 Street  
CITY-ST-ZIP Opa Locka, FL 33054-4420

TITLE V ☒ Change ☐ Addition  
NAME Petasne, Eduardo  
STREET ADDRESS 4400 NW 135 Street  
CITY-ST-ZIP Opa Locka, FL 33054-4420

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

Claudio Petasne, Secretary

1/ /00

Date

(305) 685-0130

Daytime Phone #

CR2E034 (9/99)