

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90385 043 ***150.00

0138799 AV

DOCUMENT # H55273

1. Entity Name

MATTY'S SPORTS, INC.

Principal Place of Business

~~16656 N.W. 54TH AVENUE~~
MIAMI FL 33014
 US

Mailing Address

~~16656 N.W. 54TH AVENUE~~
MIAMI FL 33014
 US

0115308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5340 N.W. 161 ST
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 5526
 Suite, Apt. #, etc.

City & State

HALEAH, FL

City & State

HALEAH FL

4. FEI Number

59-2529617

Applied For

Not Applicable

Zip

33014

Country

MIAMI DADE

Zip

33014

Country

MIAMI DADE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WILKIN, MATHEW~~
~~16656 NW 54TH AVE~~
MIAMI FL 33014

7. Name and Address of New Registered Agent

Name

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

5340 NW 161 ST

City

HALEAH

FL

Zip Code

33014

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

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, 2002 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 **PTD** ☐ Delete
 NAME **WILKIN, MATTHEW J.**
 STREET ADDRESS **16656 NW 54TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☒ Delete
 NAME **WILKIN, DENA BE.**
 STREET ADDRESS **16656 N.W. 54TH AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **MATTHEW WILKIN** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5340 NW 161 ST**
 CITY-ST-ZIP **HALEAH FL 33014**

TITLE **Robert WYNER** ☒ Change ☒ Addition
 NAME
 STREET ADDRESS **5340 N.W. 161 ST**
 CITY-ST-ZIP **HALEAH FL 33014**

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

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

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 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 without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)