2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am E Secretary of State **DOCUMENT # J94188** 05-17-2001 90395 041 ***150.00 SPORT-STYLE ASSOCIATES, INC. Principal Place of Business Mailing Address GRAND NATIONAL PLAZA, SUITE 102 GRAND NATIONAL PLAZA, SUITE 102 7021 GRAND NATIONAL DRIVE 7021 GRAND NATIONAL DRIVE 80057910 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 11-2391731 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIRANDA, JOSPEH P Street Address (P.O. Box Number is Not Acceptable) 7021 GRAND NATIONAL DR. **STE 102** ORLANDO FL 32819 Zip Code 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) 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, 2001 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. ☐ Addition TITLE TITLE DPST ☐ Delete NAME NAME WINTER, SOPHIA M STREET ADDRESS STREET ADDRESS 7021 GRAND NATIONAL DR. CITY-ST-7IP CITY-ST-ZIP ORLANDO FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition | Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Sophia Winter) SIGNATURE:

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



Affachmond

Ph: (407) 352-2737 FAX: (407) 351-8705

Grand National Plaza 7021 Grand National Drive Suite 102 Orlando, FL 32819

#399708 B005291C

May.11, 2001

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee Fl. 32902=1500

To Whom This May Concern,

Please forgive me for not filing the Uniform Business Report(2001), by May 1, 2001.

I have been ill for three months and in the hospital for eleven days. I've had a previous occurance with Hodgkins Lymphoma and now it is back again.

Needless to say this has caused a back up of all my paper work.

Sincerely,

Sophia Wixter

President

