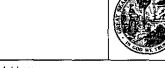
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

L31300

**DOCUMENT #** 

1. Entity Name MATCO SPORTS, INC.



Principal Place of Business % GHULAM JILANI DOSSUL 6995 NW 43 ST MIAMI FL 33166

SIGNATURE

Mailing Address % GHULAM JILANI DOSSUL 6995 NW 43 ST MIAMI FL 33166

2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.	<del></del>	Suite, Apt. #, etc	o.	$\dashv$
City & State		City & State		
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent

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

FILED Apr 25, 2003 8:00 am Secretary of State

4-25-2003 90177 006 \*\*\*150.00



DATE

DOSSUL, GHULAM JILANI Street Address (P.O. Box Number is Not Acceptable) 6995 NW 43 ST MIAMI FL 33166

		City	FL   "	p Code
8.	The above named entity submits this statement for the purpose of changing its registere	ed office or registered agent, or both, in the State of Florida.	I am familia	r with, and accept
	the obligations of registered agent.	•		

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition NAME DOSSUL, GHULAM JILANI NAME STREET ADDRESS 6995 NW 43 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [ ] Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GHULAM JILANI Manifer CR DOSSUL

305-593-9805

Daytime Phone #