

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90011 001 \*\*\*150.00

**DOCUMENT # L77801**

1. Entity Name

**HAROLD SPORTS, INC.**

Principal Place of Business

Mailing Address

1455 NW 107 AVE. #550  
MIAMI FL 33172

1455 NW 107 AVE. #550  
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

11401 NW 12th St.

11401 NW 12th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#338

#338

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33172

Miami-Dade

33172

Miami-Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLMAN, REGINALD

1455 NW 107 AVE. #550 - 11401 NW 12th St #338

MIAMI FL 33172

Miami, FL 33172

Name

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

City

FL

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)

4/11/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WELLMAN, REGINALD	
STREET ADDRESS	8931 NW 193RD STREET	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WELLMAN, ALMA	
STREET ADDRESS	8931 NW 193RD STREET	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

305-639-2826

Daytime Phone #

CR2E034 (10/00)

0005728