

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M38354**

1. Entity Name  
**PLAYBALL, INC.**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90074 041 \*\*\*150.00

Principal Place of Business  
**7900 SW BIRD ROAD**  
**MIAMI FL 33155**

Mailing Address  
**7900 SW BIRD ROAD**  
**MIAMI FL 33155**



DO NOT WRITE IN THIS SPACE

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 **59-2716387**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEFFERMAN, GLENN**  
**12304 SW 71ST COURT**  
**MIAMI FL 33156**

*Address change only*

Name **Glenn Fefferman**

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

**7900 SW BIRD**

City **MIAMI FL 33155**

FL Zip Code **33155**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVP	<input type="checkbox"/> Delete
NAME	FEFFERMAN, GLENN	
STREET ADDRESS	12304 SW 71ST COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FEFFERMAN, LINDA	
STREET ADDRESS	12304 SW 71ST COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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: *Glenn Fefferman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Owner* *April 1 2002* *305 559-5200*