2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State
05-15-2001 90138 021 ****70.00

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DOCUMENT # N00000005709

1. Entity Name

FLORIDA USA BASKETBALL INC.

Principal Place of Business	Mailing Address
4507 ROSE TREE COURT ORLANDO FL 32837	4507 ROSE TREE COURT ORLANDO FL 32837

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 3691293 ☐ 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
SHAKUR, SHARIF 4507 ROSE TREE COURT ORLANDO FL 32837	Name: Damy Shakur Street Address (P.O. Box Number is Not Acceptable): 4507 Rose tree ct City: Orlando FL Zip Code: 32837

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: Damy Shakur P= President Damy Shakur 2/28/01
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P=president Damy Shakur 4507 Rose tree CT Orlando FL 32837	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M= Managing Director Saeed Shakur 2107 Morrilton CT Orlando FL 32827	☐ Change ☑ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C= chairman ATTiyya Shakur 4507 Rose tree CT orlando FL 32837	☐ Change ☑ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S= V= vice president C Christina Fndar 4507 Rose tree CT orlando FL 32837	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D=Director Rashad Shakur 4507 Rose tree CT orlando FL 32837	☐ Change ☑ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 617, 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: Damy Shakur Damy Shakur President 2/28/01 407 346-5292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #