

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90364 001 \*\*\*122.50

**DOCUMENT # N22301**

1. Entity Name

**FRIENDSHIP GAMES, INC.**

Principal Place of Business

Mailing Address

C/O P.O. BOX 69-3143  
 MIAMI FL 33269

C/O P.O. BOX 69-3143  
 MIAMI FL 33269

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

**65-0047154**

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

**THOM, JILLIAN**  
**4300 SHERIDAN ST**  
**#138**  
**HOLLYWOOD FL 33021**

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)

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  
**P**  
**PRATT, CAROL HOPE** ☐ Delete  
**1492 NW 198 STREET**  
**MIAMI FL 33169**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PRESIDENT: ROBINSON, LORRI** ☒ Change ☐ Addition  
**P.O. BOX 15851**  
**Dania Beach FL 33318** **D**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VT**  
**THOM, JILLIAN** ☐ Delete  
**4300 SHERIDAN ST #138**  
**HOLLYWOOD FL 33021**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V.P. OTTATO, PHILLY** ☒ Change ☐ Addition  
**P.O. BOX 69 3143**  
**MIAMI FL 33169** **D**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T**  
**PELL, FRED** ☐ Delete  
**6273 SW 72 ST #D6**  
**MIAMI FL 33143**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SECY: MCGILL, LOUETTE** ☒ Change ☐ Addition  
**4175 W. 80 AVE**  
**MIAMI FL 33147** **D**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ST**  
**PEEL, FRED** ☐ Delete  
**800 BRICKELL PLAZA**  
**MIAMI FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TREASURER:** ☒ Change ☐ Addition  
**SULKOWSKI, MINA** **D**  
**701 LINCOLN RD, SUITE 200**  
**MIAMI BEACH FL 33139**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TAUSTEE** ☐ Change ☐ Addition  
**PEEL, FRED**  
**6273 SW 72 ST #D6 T**  
**MIAMI FL 33143**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)