

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002829

1. Entity Name

GOOD SPORTS, INC.

Principal Place of Business

5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI FL 33126
US

Mailing Address

5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI FL 33126-2065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0426502

Applied For

Not Applied

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

Name

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

City

FL

Zip Code

KALLICHE, ANTHONY A
5201 BLUE LAGOON DRIVE
100
MIAMI FL 33126

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

TITLE DP ☐ Delete
NAME KALLICHE, ANTHONY A
STREET ADDRESS 5201 BLUE LAGOON DRIVE 100
CITY-ST-ZIP MIAMI FL

TITLE DV ☐ Delete
NAME BREIT, RICHARD H
STREET ADDRESS 3111 STIRLING ROAD
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE DS ☐ Delete
NAME MANNE, STEVEN
STREET ADDRESS 5915 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL

TITLE DT ☐ Delete
NAME EPSTEIN, JOSEPH
STREET ADDRESS 2510 GOLFVIEW DR
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Add
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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
Kalliche, Anthony Kalliche, Pres. 1/13/00 305 262 44

Date

Daytime Phone #