

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90169 024 ****61.25

DOCUMENT # N94000004967

1. Entity Name

PALMETTO GIRLS' ATHLETICS, INC.

Principal Place of Business

**7460 S.W. 130TH ST.
 MIAMI FL 33156**

Mailing Address

**7460 S.W. 130TH ST.
 MIAMI FL 33156**

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

65-0546107

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

**PARKS, SHERRY
 7460 S.W. 130TH ST.
 MIAMI FL 33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 **D** ☒ Delete
 NAME **PARKS, BRIAN**
 STREET ADDRESS **1126 SANTANDER AVE # 7**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ Change ☐ Addition
 NAME **Ron Nentwig**
 STREET ADDRESS **7601 SW 144 Terr**
 CITY-ST-ZIP **Miami, FL. 33158**

TITLE **D** ☐ Delete
 NAME **MOGENSEN, MARK**
 STREET ADDRESS **8335 SW 132 ST**
 CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE **D** ☐ Delete
 NAME **GILBARD, SUSAN**
 STREET ADDRESS **11490 SW 72 CT**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☒ Change ☐ Addition
 NAME **Geiband**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Kelly Moore**
 STREET ADDRESS **9225 SW 181 Terr**
 CITY-ST-ZIP **Miami, FL. 33157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

CR2E037 (4/02)