

**2001 UNIFORM BUSINESS REPORT (UBR)**

1022

DOCUMENT # P00000015116  
 Entity Name  
Air 1 Athletics, Inc.

**FILED**  
 01 OCT 29 AM 9:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
690 W 20 ST  
Hiawah, FL 33010

2. Principal Place of Business 3. Mailing Address  
690 W 20 ST 690 W 20 ST  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Hiawah, FL Hiawah, FL  
 Zip Country Zip Country  
33010 33010

4. FEI Number Applied For  
65 1084945 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
KODSI & EISENSTEIN  
701 Cypress Creek RD #302  
FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent  
 Name Danny Bar  
 Street Address (P.O. Box Number is Not Acceptable) 690 W 20 ST  
 City Hiawah FL Zip Code 33010

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 Danny Bar DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<u>PD Danny Bar 965 NW 199 AV Pembroke Pines, FL 33029</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<u>500004690205-7 -11/21/01--01016--002 ****150.00 ****150.00</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Danny Bar DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

**DO NOT REMOVE!**

202

FLORIDA DEPARTMENT OF STATE

OCTOBER 4, 2001

GENTLEMEN:

ENCLOSED PLEASE FIND THE ANNUAL REPORT FORM FOR AIR 1 ATHLETICS, INC. THE ORIGINAL FORM OBVIOUSLY WAS MAILED TO THE ORIGINAL ATTORNEY REGISTERED AGENT. THEY NEVER FORWARDED IT ON TO US.

WE HAVE ENCLOSED CHECKS FOR \$ 150.00 EACH. KINDLY ACCEPT THESE WITHOUT PENALTY UNDER THE CIRCUMSTANCES.

THANK YOU FOR YOUR COOPERATION

YOURS TRULY,

*Danny Bar*  
Danny Bar