

**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. (See criteria on back)

**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
<b>PD Danny Bar 965 NW 199 AV Pembroke Pines, FL 33029</b>	
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
<b>LS 500004690205--7 -11/21/01--01016--002 ****150.00 ****150.00</b>	
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** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date Daytime Phone #

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