

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052092

1. Entity Name
FAST ACTION SPORTS-FLORIDA, INC.

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90093 013 ***150.00

UCL/308 AV

Principal Place of Business
7110 FAIRWAY DRIVE, #L22
MIAMI LAKES FL 33014

Mailing Address
7110 FAIRWAY DRIVE, #L22
MIAMI LAKES FL 33014



2. Principal Place of Business
7601 NW 166 Terrace
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami FL
Zip
33015
Country
USA

City & State
Zip
Country

4. FEI Number 65-1011266

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILIAN, LAWRENCE R
7110 FAIRWAY DRIVE, #L22
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PD MILIAN, LAWRENCE R 7110 FAIRWAY DRIVE, #L22 MIAMI LAKES FL 33014	<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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date

305 820-0409
Daytime Phone #

CR2E034 (4/02)



8 7 1988

#P 00000052092

Division Of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Division Of Corporations,

This correspondence was the first that I received in reference to my dues. Enclosed is a check for \$150.00, which is the usual and customary fee. I understand many people have experienced the same problems in receiving this form. I appreciate, in advance, your understanding in this matter

Thank you,

A handwritten signature in cursive script, appearing to read "Lawrence Milian".

Lawrence Milian
President/Director of Football Operations
Fast Action Sports - Florida