2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90254 017 ***150.00

A0068584

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000056809

1. Entity Name
T.A.D.S Sports, Inc.

Principal Place of Business	Mailing Address
10330 N.W. 8th ST, BLDG 6#104 Pembroke Pines, FL 33026	10330 N.W. 8th ST BLDG 6#104 Pembroke Pines FL 33026
2. Principal Place of Business: 14359 Miramar Parkway	3. Mailing Address: 14359 Miramar Parkway
Suite, Apt #, etc.: # 101	Suite, Apt #, etc.: # 101
City & State: Miramar FL	City & State: Milamar FL
Zip: 33027 Country: Broward	Zip: 33027 Country: Broward

4. FEI Number 65-1011472 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

William Wiener
4310 Sheridan St #202
Hollywood, FL 33021

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.

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 $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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Michael Marziotto 10330 N.W. 8th ST. BLDG 6#104 Pembroke Pines, FL 33026 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14359 Miramar Parkway #101 Miramar, FL 33027
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: X [signature] President Michael Marziotto X 4/29/01 X 954-815-1508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #