

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG -7 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400006977104--2

-08/08/02--01062--005

****300.00 ****300.00

DO NOT WRITE IN THIS SPACE

DOCUMENT #

1. Entity Name

Horizon Sports, Inc. 800 000094077

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

301 Yamato Rd
Suite, Apt. #, etc.
2195

3. Mailing Address

301 Yamato Rd
Suite, Apt. #, etc.
2195

City & State
Boca Raton FL

City & State
Boca Raton FL

Zip
33431

Country
USA

Zip
33431

Country
USA

4. FEI Number

04-3632293

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Amir Ghanem

Street Address (P.O. Box Number is Not Acceptable)

1010 SW 46th Ave # 212

City

Pompano Beach

FL

Zip Code

33069

DO NOT WRITE
IN THIS SPACE

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

16 APRIL 2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
P/D/M
Amir Ghanem
1010 SW 46th Ave # 212
Pompano Beach, FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/T/S
Andrea Nicole Bertin
1010 SW 46th Ave # 212
Pompano Beach, FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 APRIL 2002

Date

(954) 854 5448

Daytime Phone #

CR2E034B (12/01)