

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115604

1. Entity Name

ALL PRO BASKETBALL CAMP, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90395 022 ***150.00

Principal Place of Business

1500 NW 108 AVENUE #235
PLANTATION FL 33322

Mailing Address

1500 NW 108 AVENUE #235
PLANTATION FL 33322

2. Principal Place of Business

1500 NW 108th Ave
Suite, Apt. #, etc.
235

3. Mailing Address

SAME
Suite, Apt. #, etc.
SAME

City & State
Plantation, FL

City & State
SAME

Zip
33322

Country
U.S.

Zip
SAME

Country
SAME

4. FEI Number

58-2614774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIEBOWITZ, BARRY
1500 NW 108 AVENUE #235
PLANTATION FL 33322

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 \$560.00
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
D
LIEBOWITZ, BARRY
1500 NW 108 AVENUE #235
PLANTATION FL 33322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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 info empowered.

SIGNATURE:

Barry Liebowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/01

954-684-6277

CR2E034 (10/00)