

FROM :

FAX NO. :

Jul. 29 2002 02:35PM P3

7/24/2002-90132-007-\$88.75-\$88.75

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000072135

1. Entry Name

ATHLETIC USA INC ✓

FILED

02 AUG -2 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DO NOT WRITE IN THIS SPACE**

122694

2. Principal Place of Business

3067 NW 28th ST.

Suite, Apt. #, etc.

3. Mailing Address

3067 NW 28th ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

4. FEI Number

03-0383102

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

33311

Country

USA

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

7. Name and Address of Current Registered Agent

Name

YEHEZKEL TWEG

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

3067 NW 28th ST

City

FT. LAUDERDALE

FL

Zip Code
33311**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 retreating)

DATE

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 \$350.00

Amended UBR is \$81.25

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-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
PRESIDENT	YEHEZKEL TWEG	3067 NW 28 th ST	FT. LAUDERDALE FL 33311				
VICE PRESIDENT	JOSEPH HAMO	19776 E COUNTRY CLUB DR.	AVENTURA FL 33180				

**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 included 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 507, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OR20048 (12/01)

js 8/1/02