

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

01-09-2003 90021 005 ***150.00

DOCUMENT # **P02000006844**

1. Entity Name
SOCCER LOCKER USA, INC.



Principal Place of Business
**851 WEST STATE ROAD 436
SUITE 1041
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**851 WEST STATE ROAD 436
SUITE 1041
ALTAMONTE SPRINGS FL 32714**

- **55004614**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number
04-3590770

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

Name **VAFALIE A-BOTALEB**
Street Address (P.O. Box Number is Not Acceptable)
851 WEST STATE ROAD 436
City **ALTAMONTE SPRINGS FL** Zip Code **32714**

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 *A. Vafalie*

DATE **1/3/2003**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PTD VAFALIE, ABOTALEB**
STREET ADDRESS **851 WEST STATE ROAD 436**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VSD FERDOUSI, MOHAMMAD E**
STREET ADDRESS **851 WEST STATE ROAD 436**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *S. Vafalie* **REQUIRED**

DATE **1/3/2003** DAYTIME PHONE # **407-788-1988**

CR2E034 (10/02)