

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90133 011 \*\*\*150.00

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**DOCUMENT # P02000007659**

1. Entity Name  
**PATERNO SPORTS, INC.**



Principal Place of Business  
**3021 NE 48TH ST  
LIGHTHOUSE PT FL 33064**

Mailing Address  
**3021 NE 48TH ST  
LIGHTHOUSE PT FL 33064**



2. Principal Place of Business

**2639 N Riverside Dr  
Suite, Apt. #, etc.  
1503**

3. Mailing Address

**SAME  
Suite, Apt. #, etc.  
SAME**

☐ CHECK HERE IF MAKING CHANGES

City & State

**Pompano Beach FL**

City & State

**SAME**

4. FEI Number

**90-0003056**

Applied For

☐ Not Applicable

Zip

**33062**

Country

**US**

Zip

**SAME**

Country

**SAME**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PATERNO, BRIAN  
3021 NE 48TH ST  
LIGHTHOUSE PT FL 33064**

7. Name and Address of New Registered Agent

Name **Brian Paterno**

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

**2639 N. Riverside Dr #1503**

City **Pompano Beach FL #1503 FL** Code **33062**

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 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/28/03** DATE

**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

TITLE **Director** ☐ Delete  
NAME **Brian Paterno**  
STREET ADDRESS **2639 N Riverside Dr #1503**  
CITY-ST-ZIP **Pompano Beach, FL 33062**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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  
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CITY-ST-ZIP

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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03 954 943 6536** Date Daytime Phone #

CR2E034 (10/02)