

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000009494

1. Entity Name
PRO SPORT INTERNATIONAL, INC.

Principal Place of Business

10723 S.W. 104 STREET
MIAMI FL 33176

Mailing Address

10723 S.W. 104 STREET
MIAMI FL 33176

2. Principal Place of Business

225 FAIRWAY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

225 FAIRWAY DRIVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FLA

City & State

MIAMI BEACH, FLA

Zip

33141

Country

USA

Zip

33141

Country

USA

6. Name and Address of Current Registered Agent

SIEGEL, BERNARD F
10723 S.W. 104 STREET
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name **MASSIMO RIZZO**

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

225 FAIRWAY DRIVE

City

MIAMI BEACH

FL

Zip Code

33141

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

Massimo Rizzo

MASSIMO RIZZO

4-30-01

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 \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	SIEGEL, BERNARD F	
STREET ADDRESS	10723 S.W. 104 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RIZZO, MASSIMO	
STREET ADDRESS	225 FAIRWAY DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL BERNARD F.	
STREET ADDRESS	8862 SW 129 TER.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIZZO, MASSIMO	
STREET ADDRESS	225 FAIRWAY DR	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

Massimo Rizzo Pres. MASSIMO RIZZO

4-30-01

305-254-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90245 031 ***150.00



DO NOT WRITE IN THIS SPACE