

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035281

1. Entity Name
PERFORMANCE KING, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90136 042 ***150.00

Principal Place of Business 9673 RIVERSIDE DR APT JA CORAL SPRINGS FL 33071 US	Mailing Address 9673 RIVERSIDE DR APT J1 CORAL SPRINGS FL 33326-3328 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1495 Seabay Road Suite, Apt. #, etc.	3. Mailing Address 1495 Seabay Road Suite, Apt. #, etc.
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City & State WESTON FL.	City & State WESTON FL.	4. FEI Number 65-0410892	Applied For Not Applicable
Zip 33326-3328	Country BROWARD	Zip 33326-3328	Country BROWARD

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**SALOMON, ANA OLGA
9673 RIVERSIDE DR
APT J1
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name RAUL E. LEWANTES
Street Address (P.O. Box Number is Not Acceptable) 1495 Seabay Road
City WESTON FL.
State FL
Zip Code 33326-3328

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 _____ (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P SALOMAN, ANA OLGA 9673 RIVERSIDE DR APT J1 CORAL SPRINGS FL 33071 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAUL E. LEWANTES PRESIDENT 1495 Seabay Road WESTON FL. 33326-3328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: Ana Olga Saloman Date: 3/15/00 Daytime Phone #: (954) 384-3588

CR2E034 (9/99)