## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P95000012587** May 01, 2000 8:00 am Secretary of State FLORIDA SPORTS CORPORATION 05-01-2000 90437 022 \*\*\*150.00 Mailing Address Principal Place of Business 9019 S.W. 107TH AVE. 9019 S.W. 107TH AVE. MIAMI FL 33176-1414 MIAMI FL 33176 🗼 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For 65-0570253 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name HERSKOWITZ, JACK L Street Address (P.O. Box Number is Not Acceptable) 9100 S DADELAND BLVD **SUITE 1404 MIAMI FL 33156** Zip Code FL 🗞 this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity s SIGNATURE (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVST** ☐ Addition ☐ Delete TITLE TITLE FRIEDMAN, EDWARD NAME NAME STREET ADDRESS 9100 S DADELAND BLVD SUITE 1404 STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP MIAMI FL 33156 ☐ Addition ☐ Change ☐ Delete TITI F TITLE FRIEDMAN, EDWARD NAME STREET ADDRESS STREET ADDRESS 9100 S DADELAND BLVD SUITE 1404 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 ... Change · Claddition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

- 10- - 11-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: