

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90396 003 \*\*\*158.75

**DOCUMENT # P95000027260**

1. Entity Name  
**NATIONAL SATELLITE SPORTS, INC.**

Principal Place of Business <b>7777 GLADES ROAD          STE 208          BOCA RATON FL 33434          US</b>	Mailing Address <b>7777 GLADES ROAD          STE 208          BOCA RATON FL 33434          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0583356</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent

**CORWIN, MARCUS W  
 7777 GLADES RD.  
 STE 208  
 BOCA RATON FL 33434**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP-	<b>D CORWIN, MARCUS W 7777 GLADES RD. ?#208 BOCA RATON FL 33434</b>	<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
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-		<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
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 reports 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, changed, or on an attachment with a reference, with all other I am empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2 (Sd) 482-2088  
 Date Daytime Phone #

CR2E034 (9/01)



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State

Attachment  
Document #  
RECEIVED JUN 12 2002  
P95000027260

June 2, 2002

NATIONAL SATELLITE SPORTS, INC.  
7777 GLADES ROAD  
STE 208  
BOCA RATON, FL 33434 US

Subject: NATIONAL SATELLITE SPORTS, INC.

Reference Number: P95000027260

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

~~If you have additional questions or need further assistance, please call the~~  
Division of Corporations at (850) 488-9000.

/tm  
ANNUAL REPORTS SECTION



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

Attachment  
Document#  
P99000088723  
60127647

June 6, 2002

PAVER MAX, INC.  
1417 NE 16TH AVENUE  
FORT LAUDERDALE, FL 33304

Subject: PAVER MAX, INC.

Reference Number: P99000088723

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION