

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90477 037 ***150.00

DOCUMENT # P95000065790

1. Entity Name
ALL SPORTS USA, INC.



Principal Place of Business
**3831 W VINE ST
#67
KISSIMMEE FL 34741**

Mailing Address
**7111 GRAND NATIONAL DRIVE
SUITE 108
ORLANDO FL 32819**



☐ CHECK HERE IF MAKING CHANGES

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 **59-3332508**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIDDIQUI, SHAHAB
6220 MEREDITH ERIN LANE
ORLANDO FL 32819**

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. I am familiar with, and accept the obligation of the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SIDDIQUI, SHAHAB	
STREET ADDRESS	6220 MERRIDITH ERIN LN	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SIDDIQUI, MOHAMMAD MOHTAS	
STREET ADDRESS	6220 MERRIDITH ERIN LN	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SIDDIQUI, SABEENA	
STREET ADDRESS	6220 MERRIDITH ERIN LN	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VPF	<input type="checkbox"/> Delete
NAME	SIDDIQUI, FAIZA	
STREET ADDRESS	3220 MEREDITH ERIN LN	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDDIQUI SHAHAB	
STREET ADDRESS	7111 Grand National Dr #108	
CITY-ST-ZIP	Orlando FL 32819	
TITLE	VPF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDDIQUI, MOHAMMAD MOHTAS	
STREET ADDRESS	7111 Grand National Dr #108	
CITY-ST-ZIP	Orlando FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDDIQUI FAIZA	
STREET ADDRESS	7111 Grand National Dr #108	
CITY-ST-ZIP	Orlando FL 32819	
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		

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: **SIDDIQUI SHAHAB**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/03. (407) 352-5880

Date Daytime Phone #

CR2E034 (10/02)