

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90935 033 \*\*\*150.00

0345719 AV

**DOCUMENT # P96000085373**

1. Entity Name

**MIAMI DOLPHINS PRO SHOP, INC.**



Principal Place of Business

**3301 COLLEGE AVENUE  
FORT LAUDERDALE FL 33329**

Mailing Address

**3301 COLLEGE AVENUE  
FORT LAUDERDALE FL 33329**

2. Principal Place of Business

**2280 SW 70th Avenue**

3. Mailing Address

**P.O. Box 290670**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Unit 9**

City & State

**Davie, FL**

City & State

**Ft. Lauderdale, FL**

Zip

**33317**

Country

**USA**

Zip

**33329**

Country

**USA**

4. FEI Number

**65-0700365**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PERRI, ANTHONY J  
9726 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065**

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. I am familiar with, and accept the obligations of 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

TITLE NAME PD **PANARIELLO, EDWARD** ☒ Delete  
STREET ADDRESS **2905 WINDMILL RANCH ROAD**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33331**

TITLE NAME VP **GARRO, ANTHONY** ☐ Delete  
STREET ADDRESS **3040 S.W. 116TH AVENUE**  
CITY-ST-ZIP **DAVIE FL 33330**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **President/Director** ☒ Change ☐ Addition  
NAME **Garro, Anthony**  
STREET ADDRESS **3040 S.W. 116th Avenue**  
CITY-ST-ZIP **Davie, FL 33330**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/11/03**

Date

**(954) 888-1005**

Daytime Phone #

CR2E034 (10/02)