

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000093992**

1. Entity Name

PLAY HARD ATHLETICS, INC.**FILED**
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90054 028 ***150.00

Principal Place of Business

**1724 N.W. 91 AVENUE
PLANTATION FL 33322**

Mailing Address

**1724 N.W. 91 AVENUE
PLANTATION FL 33322-5211**

00016238

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-08220375. Certificate of Status Desired ☐**\$8.75**
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DOMINE, JOSE
1724 N.W. 91 AVENUE
PLANTATION FL 33322**

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00**
Added to

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINE, JOSE 1724 N.W. 91 AVENUE PLANTATION FL 33322	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINE, LIZBETH 1724 N.W. 91 AVENUE PLANTATION FL 33322	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

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 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 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

Date

Daytime Phone #

6-11-00 (954) 252-7555