2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empo changed, or on an attachment with an address,

SIGNATURE:

all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

78-00

FILED DOCUMENT # P98000054242 Apr 10, 2000 8:00 am Secretary of State NECESSITEE SPORT, INC. 04-10-2000 90042 034 ***150.00 Mailing Address Principal Place of Business 20291 N.E. 30 AVE. BLDG. 1 #115 20291 N.E. 30 AVE. BLDG. 1 #115 AVENTURA FL 33180-2094 **AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt #, etc. Applied For City & State 4. FEI Number City & State 65-0844940 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEN-SHUSHAN, YOSSI Street Address (P.O. Box Number is Not Acceptable) 20291 N.E. 30 AVE. BLDG. 1 #115 **AVENTURA FL 33180** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. П 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. ☐ Change Addition Delete TITLE **BEN-SHUSHAN, YOSSI** NAME STREET ADDRESS 20291 N.E. 30 AVE. BLDG 1 #115 STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180** CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE. NAME 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 ☐ Change Addition ☐ Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director red to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is I hereby certify that the information supplied with the indicated on this report or supplemental report is to