

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90013 022 ***150.00

DOCUMENT # P98000054242

1. Entity Name

NECESSITEE SPORT, INC.

Principal Place of Business

Mailing Address

~~20291 N.E. 30 AVE. BLDG. 1 #115~~
~~AVENTURA FL 33180~~

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~~AVENTURA FL 33180~~

2. Principal Place of Business

20725 NE 16 AVENUE

Suite, Apt. #, etc.

UNIT A-3

City & State

N. Miami Beach, Florida

Zip

Country

33129

3. Mailing Address

20185 E. Country Club DR

Suite, Apt. #, etc.

APT 507

City & State

AVENTURA, FLORIDA

Zip

Country

33180



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0844940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEN-SHUSHAN, YOSHI

~~20291 N.E. 30 AVE. BLDG. 1 #115~~
~~AVENTURA FL 33180~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

20185 E. Country Club DR.
APT 507

City

AVENTURA

FL

Zip Code

33180

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEN-SHUSHAN, YOSHI 20291 N.E. 30 AVE. BLDG 1 #115 AVENTURA FL 33180	<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
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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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
20185 E. Country Club DR #507 AVENTURA, FL. 33180	
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
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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 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 11 or Block 12 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

2-28-01

Date

(305) 652-4343

Daytime Phone #

CR2E034 (10/00)