

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065351

1. Entity Name

KASSEL SPORTS, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90146 047 ***550.00

Principal Place of Business

5879 N.W. 40TH TERRACE
BOCA RATON FL 33496

Mailing Address

5879 N.W. 40TH TERRACE
BOCA RATON FL 33496

2. Principal Place of Business

40 BERNARD & ASSOCIATES

3. Mailing Address

6421 CONGRESS AVENUE

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33487

Country

FLORIDA

Zip

33487

Country

FLORIDA

4. FEI Number

65-0852637

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KASSEL, TERRY S
5879 N.W. 40TH TERRACE
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name

40 BERNARD & ASSOCIATES

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

6421 CONGRESS AVENUE

Suite 100

City

BOCA RATON, FL

State

FL

Zip Code

33487

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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 ☐ Delete
NAME D
STREET ADDRESS KASSEL, TERRY S
CITY-ST-ZIP 5879 N.W. 40TH TERRACE
BOCA RATON FL 33496

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 40 BERNARD & ASSOCIATES INC
STREET ADDRESS GREEN A BURNARD
CITY-ST-ZIP 6421 CONGRESS AVENUE
BOCA RATON FL 33487

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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

9/13/00 212-780-4285
Date Daytime Phone #

CR2E034 (5/00)