

2000 UNIFORM BUSINESS REPORT (UBR)

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

09-18-2000 90146 047 ***550.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000065351

1. Entity Name
KASSEL SPORTS, INC.

Principal Place of Business Mailing Address

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

2. Principal Place of Business 3. Mailing Address

40 BERNGARD + ASSOCIATES **6421 CONGRESS AVENUE**

Suite, Apt. #, etc. **100** Suite, Apt. #, etc.

City & State **BOCA RATON, FL** City & State

Zip **33487** Country **FLORIDA** Zip Country

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 BERNGARD~~ **BERNGARD**

Street Address (P.O. Box Number is Not Acceptable)
6421 CONGRESS AVENUE

City **BOCA RATON, 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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSEL, TERRY S	NAME	40 BERNGARD + ASSOCIATES INC
STREET ADDRESS	5879 N.W. 40TH TERRACE	STREET ADDRESS	GREEN A BERNGARD
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	6421 CONGRESS AVENUE BOCA RATON FL 33487
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED Date **9/13/00** Daytime Phone # **212-980-4286**

CR2E034 (5/00)