2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000098613** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name CHAMPIONS U.S.A., INC. 04-21-2000 90029 032 ***150.00 Mailing Address Principal Place of Business 2881 SW 73RD WAY 2881 SW 73RD WAY APT 2110 **APT 2110** DAVIE FL 33314-1023 DAVIE FL 33314 2. Principal Place of Business 3. Mailing Address 4701 S.W. 45th STREET 4701 S.W. 45th STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. BLDG. 14, BAY 2 8 4 BLDG. 14, BAY 2 & 4 City & State City & State 4. FEI Number Applied For 65-0878159 DAVIE, FLORIDA FLORIDA DAVIE. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 3-3-3-1-4-HS-A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRAULT, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 7800 W. OAKLAND PK BLVD BLDG 'G' SUNRISE FL 33351 Zip Code FL 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 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE TUMBARELLO, NICHOLAS TUMBARELLO, NICHOLAS NAME NAME APT. 7360 STIRLING®RD. #305 2881 SW 73RD WAY #2110 STREET ADDRESS STREET ADDRESS 33024 DAVIE, FLORIDA CITY-ST-ZIP FORT LAUDERDALE FL 33314 CITY-ST-ZIP ★ Change ☐ Addition TITLE ☐ Delete TITLE TUMBARELLO, LOUIS 7360 STIRLING RD. TUMBARELLO, LOUIS NAME APT. 2881 SW 73RD WAY #2110 STREET ADDRESS STREET ADDRESS DAVIE, FLORIDA 33024 CITY-ST-ZIP FORT LAUDERDALE FL 33314 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIF [] Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with the filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is the 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 of trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplements of the corporation or the receiver of tru changed, or on an attachment with an

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FUNBARE LO PRESINENT 03.14.00 95L