

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90085 048 \*\*\*150.00

**DOCUMENT # P99000071310**

**1. Entity Name**  
**WORLD ROLLER ALLIANCE, INC.**

**Principal Place of Business** **Mailing Address**  
~~812 SE 8TH AVENUE~~ **3650 SW 10th ST. #14** ~~812 SE 8TH AVENUE~~ **3650 SW 10th ST. #14**  
**DEERFIELD BEACH FL 33442** **DEERFIELD BEACH FL 33442**

80044953



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**3650 S.W. 10th ST.**

**3. Mailing Address**

**Same**

**Suite, Apt. #, etc.**  
**#14**

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

**City & State**  
**DEERFIELD Bch, FLORIDA**

**City & State**

**4. FEI Number** **65-0953056** **APPLIED FOR**

**Applied For**  
**Not Applicable**

**Zip**  
**33442**

**Country**  
**USA**

**Zip**

**Country**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DHANJI, SHAHRUKH**

~~**812 SE 8TH AVENUE**~~

~~**DEERFIELD BEACH FL 33441**~~

**Name**

**3801 NO. FEDERAL HWY**

**City**

**POMPANO BEACH, FL**

**Zip Code**

**33064**

**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**

**3-4-02**

**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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **SCHAEFER, PATRICK**  
**STREET ADDRESS** **3861 N.W. 3RD PLACE**  
**CITY-ST-ZIP** **DEERFIELD BEACH FL 33442**

**TITLE** **D, P, C** ☒ Change ☐ Addition  
**NAME** **SCHAEFER, PATRICK J.**  
**STREET ADDRESS** **3650 S.W. 10th STREET #14**  
**CITY-ST-ZIP** **DEERFIELD Bch, FL 33442**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D, V** ☐ Change ☒ Addition  
**NAME** **DHANJI, SHAHRUKH**  
**STREET ADDRESS** **3650 SW 10th STREET #14**  
**CITY-ST-ZIP** **DEERFIELD Bch, FL 33442**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **S, T.** ☐ Change ☒ Addition  
**NAME** **LEITNER, CRAIG**  
**STREET ADDRESS** **3650 S.W. 10th STREET #14**  
**CITY-ST-ZIP** **DEERFIELD Bch, FL 33442**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **V** ☐ Change ☒ Addition  
**NAME** **O'DONOVAN, ROBERT**  
**STREET ADDRESS** **3650 S.W. 10th STREET #14**  
**CITY-ST-ZIP** **DEERFIELD Bch, FL 33442**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **TODOROFF, ROBERT**  
**STREET ADDRESS** **3650 SW 10th STREET #14**  
**CITY-ST-ZIP** **DEERFIELD Bch, FL 33442**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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**

**3-4-02 954 421-4477**

**Date**

**Daytime Phone #**

CR2E034 (9/01)