

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088148

1. Entity Name

SPORTS GIFT USA INC.

Principal Place of Business

6059 NW 74TH STREET
PARKLAND FL 33067

Mailing Address

6059 NW 74TH STREET
PARKLAND FL 33067

2. Principal Place of Business

P.O. Box 670763

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 670763

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL.

City & State

CORAL SPRINGS, FL.

Zip

33067

Country

U.S.A.

Zip

33067

Country

USA

4. FEI Number

59-3435621

Applied For

Not Applicable

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

Abdol Pourghassem
2121 N Ocean Blvd. # 1106
Boca Raton, FL 33431

ABDOL A. POURGHASSEM
P.O. Box 670763
CORAL SPRINGS, FL 33067
2121 N. OCEAN BLVD. # 1106W
BOCA RATON, FL 33431

Name

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

City

FL

Zip Code

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

Abdol A. Pourghassem

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	P	<input type="checkbox"/> Delete
NAME	POURGHASSE, ABDOL	
STREET ADDRESS	6059 NW 74TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

3/12/2001 (561)395-2095

Date

Daytime Phone #

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-14-2001 90215 011 ***150.00

33566



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)