

FOR PROFIT CORPORATION FORM BUSINESS REPORT (UBR)

MENT # P99000088501

SPORTS USA, INC.



FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90150 040 ***150.00

0013633 AV



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business ACME STREET FL 32805		Mailing Address 1805 ACME STREET ORLANDO FL 32805	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
4. FEI Number 59-3598261		Applied For Not Applicable	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PARVEEN, RUKHSANA 1805 ACME ST ORLANDO FL 32805		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARVEEN, RUKHSANA 1805 ACME STREET ORLANDO FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
Super Sports USA

◆◆◆
1805 Acme Street ◆ Orlando, FL 32805
Phone 407-650-4909 ◆ Fax 407-650-4910

P99 0000 88501

80147995

9/10/03

To: Division of Corporations

I did not receive any letter concerning my corporation filing fee. Unfortunately, it could have been misplaced after being mailed. I called your office today and explained the situation. I was told by the representative to write a letter informing that I never received the first filing fee due date letter. The representative told me because I didn't receive the first letter telling me the due date, just send the \$150.00 filing fee. I was also told that I will not be charged the late fees because I never received the letter. Sorry for the inconvenience. Thanks for your time.

Sincerely,

R. Parveen

Rukhsana Parveen
President