

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90384 008 ***150.00

DOCUMENT # S36685

1. Entity Name
FINE SPORTS, INC.

Principal Place of Business
10621 SW 88 ST
SUITE 209
MIAMI FL 33176
US

Mailing Address
10621 SW 88 ST
SUITE 209
MIAMI FL 33176
US

2. Principal Place of Business
7990-S.W 117 Ave
 Suite, Apt. #, etc.
Suite: 112

3. Mailing Address
 Suite, Apt. #, etc.

City & State
MIAMI, FLA
 Zip
33183 Country
U.S.A.

City & State
1
 Zip
 Country

4. FEI Number **59-3058129**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KHEMLANI, VASHI K.
10621 SW 88ST
SUITE 209
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name **VASHI K. KHEMLANI**
 Street Address (P.O. Box Number is Not Acceptable)
7990-SW 117 Ave: Suite: 112
 City **MIAMI** FL Zip Code **33183**

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 *Vashi K. Khemlani* **VASHI K. KHEMLANI** **APRIL 08/02**
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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHEMLANI, VASHI K. 10621 SW 88 ST, STE 212 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	KHEMLANI, VASHI K. 7990-SW 117 Ave - Suite: 112 MIAMI - FLA 33183.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Vashi K. Khemlani* **VASHI K. KHEMLANI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **APRIL 08/02** Daytime Phone # **(305) 279-9475**

CR2E034 (9/01)