

**2002 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90067 028 \*\*\*150.00

**DOCUMENT # S43770**

1. Entity Name

SPORT TIME, INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
312 LINCOLN ROAD

Suite, Apt. #, etc.

3. Mailing Address  
312 LINCOLN ROAD

Suite, Apt. #, etc.

City & State  
MIAMI BEACH, FL

Zip  
33139

Country

City & State  
MIAMI BEACH, FL

Zip  
33139

Country

4. FEI Number  
65-0270176

Applied For  
Not Applicable

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

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

Name  
TARICH, BENNY

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

City MIAMI BEACH FL Zip Code 33139

**DO NOT WRITE  
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	PD TARICH, MARK 16470 NE 30 AVENUE N. MIAMI BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TARICH, BENNY 2315 BISCAYNE BAY DRIVE N. MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)