2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 424922** Apr 10, 2000 8:00 am Secretary of State ANGLER BOAT CORP. 04-10-2000 90104 014 ***150.00 Principal Place of Business Mailing Address 4450 N. W. 128TH ST 4450 N. W. 128TH ST MIAMI FL 33054-5126 MIAMI FL 33054 2. Principal Place of Business 7400 NW 37TH AVE 3. Mailing Address 7400 NW 37TH AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1459932 Not Applicable MIAMI, FLORIDA MIAMI, FLORIDA \$8.75 Additional Country -DADE -^{Zip} 33147 Country DADE ร์รีวิ47 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELIO GRILLO **GRILLO, ELIO** Street Address (P.O. Box Number is Not Acceptable) 4455 NW 128TH STREE MIAMI FL/33055 7400 NW 37TH AVE ^{zi}33147 FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MÄY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. VDST TITLE Addition VD ☐ Delete TITLE GRILLO, ELIO B. NAME NAME GRILLO, ELIO B. 7400 NW 37TH AVE STREET ADDRESS STREET ADDRESS 4450 NW 128TH ST. CITY-ST-ZIP MIAMI, FL 33147 CITY-ST-ZIP miami fl TITLE ☐ Change * Addition Delete TITLE GERRITT S. WALSH NAME NAME STREET ADDRESS 7400 NW 37TH AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE MTAMI, Ft. 33147 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

4/4/00

305 691-9975

Daytime Phone #