

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002677

1. Entity Name

RIPTIDE INVESTMENTS, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90151 044 ***158.75

Principal Place of Business

9737 NW 41ST ST., STE. 398
MIAMI FL 33178

Mailing Address

9737 NW 41ST ST., STE. 398
MIAMI FL 33178-2924

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0741831

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARLUCCI, DAVID

9737 NW 41ST ST., STE. 398
MIAMI FL 33178

Name

James A. Ingraham

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

19101 Mystic Pointe Dr.

City

Aventura

FL

Zip Code
33180

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.

James A. Ingraham

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	MARLUCCI, DAVID M.	
STREET ADDRESS	9737 NW 41ST ST SUITE 398	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	CV	<input checked="" type="checkbox"/> Delete
NAME	INGRAHAM, JAMES A	
STREET ADDRESS	9737 NW 41ST ST SUITE 598	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	VALCE, CARLOS	
STREET ADDRESS	9737 NW 41ST ST SUITE 398	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	FORMER, DAN	
STREET ADDRESS	9737 NW 41ST ST SUITE 398	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James A. Ingraham	
STREET ADDRESS	9737 NW 41st St. PMB 398, Miami, FL	
CITY-ST-ZIP	33178	
TITLE	CV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos Valle	
STREET ADDRESS	9737 NW 41st St. PMB 398	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	Sec./Tres./Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dan Forman	
STREET ADDRESS	9737 NW 41st St. PMB 398	
CITY-ST-ZIP	Miami, FL 33178	
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Ingraham

Date

Daytime Phone #

CR2E034 (9/99)