

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H15273

1. Entity Name

ABLE MARINE AND BOAT YARD, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90038 044 ***150.00

Principal Place of Business

~~7930 HAWTHORNE AVENUE~~
~~MIAMI BEACH FL 33141~~

Mailing Address

~~7930 HAWTHORNE AVENUE~~
~~MIAMI BEACH FL 33141~~

C0036807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19961 N.E. 10 PL WAY
Suite, Apt. #, etc.

3. Mailing Address

19961 N.E. 10 PL WAY
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

26-5223593

Applied For

Not Applicable

Zip

33179

Country

DADE

Zip

33179

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROOKS, ROY H., JR.
2625 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	PICCILO, MATSUI	
STREET ADDRESS	7930 HAWTHORNE AVE 19961 N.E. 10 PL WAY	
CITY-ST-ZIP	MIAMI BEACH FL MIAMI, FL 33179	
TITLE	V	<input type="checkbox"/> Delete
NAME	PICCILO, RAYMOND J	
STREET ADDRESS	2537 TORTUGAS LN	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PICCILO, DAVID J	
STREET ADDRESS	7930 HAWTHORNE AVE 19961 N.E. 10 PL WAY	
CITY-ST-ZIP	MIAMI BEACH FL MIAMI, FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/01

Date

305-493-3169

Daytime Phone #

CR2E034 (10/00)

0174302