

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90376 008 \*\*\*150.00

**DOCUMENT # K14151**

1. Entity Name

**CUSTOM BOAT TRANSPORTERS, INC.**

Principal Place of Business

**19889 SW 280 ST  
 HOMESTEAD FL 33031  
 US**

Mailing Address

**19889 SW 280 ST  
 HOMESTEAD FL 33031  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0056739**

Applied For

Not Applicable

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

**BONURA, MARY**

**19889 SW 280 STR**

**HOMESTEAD FL 33031**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **VP** ☐ Delete  
 NAME **SCHMIDINGER, LAURA**  
 STREET ADDRESS **19889 SW 280 STR**  
 CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **BONURA, MARY**  
 STREET ADDRESS **19889 SW 280 STR**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P** ☐ Delete  
 NAME **RIOS, MICHAEL**  
 STREET ADDRESS **1564 NW 20TH STREET**  
 CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **RIOS, DEBORAH**  
 STREET ADDRESS **1564 NW 20TH ST**  
 CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☒ Change ☐ Addition  
 NAME **D RIOS, DEBORAH**  
 STREET ADDRESS **1564 NW 20 ST**  
 CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **C RIOS, GABRIEL**  
 STREET ADDRESS **12781 SW 146 LANE**  
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **T BEARD, COLANA**  
 STREET ADDRESS **15431 SW 158 ST**  
 CITY-ST-ZIP **MIAMI, FL 33187**

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:

*Mary Bonura*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/2/02**

**305-245-4524**

CR2E034 (4/02)

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City

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SCHMIDINGER, LAURA 19889 SW 280 STR HOMESTEAD FL 33031</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BONURA, MARY 19889 SW 280 STR MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RIOS, MICHAEL 1584 NW 20TH STREET HOMESTEAD FL 33031</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T RIOS, DEBORAH 1584 NW 20TH ST HOMESTEAD FL 33030</b>	<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"/> 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RIOS, DEBORAH 1544 NW 20 ST HOMESTEAD FL 33030</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C RIOS, GABRIEL 12781 SW 146 LANE MIAMI, FL 33176</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BEARD, COLANA 15431 SW 158 ST MIAMI, FL 33187</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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CK# 6650  
PD

3/6/02  
\$150

Attachment

DO NOT WRITE IN THIS SPACE

Attachment

B012894

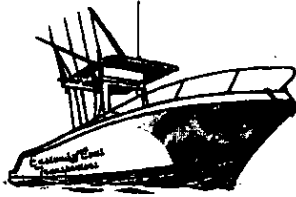
# 514151

REMITTANCE ADVICE  
Taxes - Uniform  
Business report

one hundred fifty — no 1100 —

DATE	ISSUED TO	CHECK NUMBER	NET AMOUNT
5/6/02	Department of state.	Document # K14151 10650	15000

NON-NEGOTIABLE  
RECORD OF EARNINGS OR PAYMENTS



*Attachment*  
**CUSTOM BOAT  
TRANSPORTERS**

19889 S.W. 280 Street  
Homestead, FL 33031

*B0127894*  
*#K14151*

July 2, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

Reference: 2002 Uniform Business Report -- Document #K14151

Upon receiving a second uniform business report, stating it would serve as a 60 day notice regarding our corporation, Custom Boat Transporters, Inc., I called your office and was instructed to write a letter concerning this notice.

Our company mailed check #6650, on March 6, 2002, along with the 2002 Uniform Business Report and necessary changes. I explained this to your office on July 2, 2002, and was told to send in the second report along with another check for \$150.00. I am enclosing a copy of the first report, along with a duplicate copy of the first check.

I will put a stop payment on check #6650, dated 3/6/2002, assuming it has been lost in the mail. Hopefully this will clear any problem concerning our filing. Please call our office at 305-245-4524, if any more information is needed.

Regards,

*Mary Bonura*

Mary Bonura,  
Secretary