

2000 UNIFORM BUSINESS REPORT (UBR)

6/30/00 00006 005 0150 00 0150 00

FILED

Aug 01, 2000 8:00 am
Secretary of State

06-30-2000 90006 005 ***150.00

DOCUMENT #

1. Entity Name: L 66727 *P*

MYD Marine Distributor Inc

Principal Place of Business

2212 South Andrews Ave
FT LAD, FL 33316

Mailing Address

PO Box 21768
FT LAD, FL
33325

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

65-0139959

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Dan Del Monico
2212 South Andrews Ave
FT LAD, FL - 33316

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reselecting)

DATE

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

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	<input type="checkbox"/> Delete
President	Del Monico, Daniel	862 Logo Ave	Coral Gables, FL 33156	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-23-00

DATE

(954) 524-1150

TELEPHONE #

LO6727

107007

Fla Dept of State

7-20-00

I never received my
preprinted Report, so I had
to call in for a Blank Report
After MAY 1st. ~~Please~~ Waive
the \$400⁼⁼ fee. My 150⁼⁼ check
has been cashed.

Thank you
Don Del Monaco
(954) 524-1150

New mailing Address

PO Box 21768
FT WND, FL 33335

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name: L 06727 *P*

MYD Marine Distributor Inc

107007

Principal Place of Business: 2212 South Andrews Ave Ft LAD, FL 33316
 Mailing Address: PO Box 21769 Ft LAD, FL 33325

DO NOT WRITE IN THIS SPACE

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

65-0139959

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Not Applicable

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Dan Del Monico
2212 South Andrews Ave
Ft Lauderdale, FL - 33316

Name

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

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FL

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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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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

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President	Del Monico, Daniel	862 Logo Ave	Coral Gables, FL 33156	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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[Signature]

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06-23-00

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Telephone Number

L06727

107007

Fla Dept of State

7-20-00

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After May 1st. Peter waive
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Thank you
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