

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90099 001 \*\*\*661.25

**DOCUMENT # M12857**

1. Entity Name

**ACTION JET SKI, INC.**

Principal Place of Business

Mailing Address

2061 N.W. 27 AVE.  
MIAMI FL 33142

2061 N.W. 27 AVE.  
MIAMI FL 33142-7126

**16774**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3800 NW 27 Ave  
Suite, Apt. #, etc.

3800 NW 27 Ave  
Suite, Apt. #, etc.

City & State  
Miami FL

City & State  
Miami FL

4. FEI Number **59-2512993**

Applied For  
Not Applicable

Zip  
33142

Country

Zip  
33142

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

**HOWARD, MOONEY**  
**2061 NW 27TH AVE**  
**MIAMI FL 33142**

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P MOONEY, HOWARD**  
**2045 S.W. 125 CT.**  
**MIAMI FL**

☐ Delete

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

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CR2E034 (9/99)

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

5/19/00  
Date

305.634.5754  
Daytime Phone #