

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000771

1. Entity Name

NITRO LEISURE PRODUCTS, LLC

Principal Place of Business

1943 AIRPORT ROAD
STUART FL 34996

Mailing Address

1943 AIRPORT ROAD
STUART FL 34996

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

65-0909137

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADEN, WILLIAM H
1943 AIRPORT ROAD
STUART FL 34996

7. Name and Address of New Registered Agent

Name

JULIO GONZALEZ

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

1943 SE AIRPORT RD

City

STUART

FL

Zip Code

34996

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 file if applicable.

Julio Gonzalez

(NOT Registered Agent Signature required when reinstating)

4/23/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM KHOURY, AMIN J
STREET ADDRESS 1943 AIRPORT ROAD
CITY-ST-ZIP STUART FL 34996 ☐ Delete

TITLE NAME MGRM KHOURY, AMIN C
STREET ADDRESS 1943 AIRPORT ROAD
CITY-ST-ZIP STUART FL 34996 ☐ Delete

TITLE NAME MGRM KANEB, PAUL D
STREET ADDRESS 1943 AIRPORT ROAD
CITY-ST-ZIP STUART FL 34996 ☐ Delete

TITLE NAME MGRM ADEN, WILLIAM H
STREET ADDRESS 1943 AIRPORT ROAD
CITY-ST-ZIP STUART FL 34996 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME MGRM JULIO GONZALEZ
STREET ADDRESS 1943 SE AIRPORT RD
CITY-ST-ZIP STUART FL 34996 ☐ Change ☒ Addition

TITLE NAME 100004220431
STREET ADDRESS -05/16/01--01037--019
CITY-ST-ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Amin C. Khoury

4/23/01

561-781-6202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

0023696 AF

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE