

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90085 015 \*\*\*150.00

**DOCUMENT # P00000036578**

1. Entity Name  
**WILD STREET PERFORMANCE PRODUCTS, INC.**

Principal Place of Business  
**6971 N FEDERAL HWY, SUITE 105  
 BOCA RATON FL 33487**

Mailing Address  
**6971 N FEDERAL HWY, SUITE 105  
 BOCA RATON FL 33487**

**763486**



2. Principal Place of Business  
~~Wild Street~~  
 Suite, Apt. #, etc.  
~~750 East Coast So~~  
**LAKE WORTH, FL**

3. Mailing Address  
~~Wild Street/UPR~~  
 Suite, Apt. #, etc.  
~~750 East Coast South~~  
**LAKE WORTH, FL**

DO NOT WRITE IN THIS SPACE

City & State  
**LAKE WORTH, FL**  
 Zip  
**33460**  
 Country  
**USA**

City & State  
**LAKE WORTH, FL**  
 Zip  
**33460**  
 Country  
**USA**

4. FEI Number  Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent  
**GREENWALD, STEVEN I  
 6971 N FEDERAL HWY, SUITE 105  
 BOCA RATON FL 33487**

7. Name and Address of New Registered Agent  
 Name **Mainiero, Joseph**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7525 BRISTOL BAY LANE**  
 City **LAKE WORTH** FL Zip Code **33467**

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 *Joseph Mainiero* **JOSEPH MAINIERO** DATE **4/11/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 -  **\$5.00** May Be  
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MAINIERO, JOSEPH 6971 N FEDERAL HWY, SUITE 105 BOCA RATON FL 33487</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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MAINIERO JOSEPH 7525 BRISTOL BAY LANE LAKE WORTH FL 33467</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MAINIERO, MARK 616 NEWLAKE DR BOYNTON BEACH FL 33426</b>	<input type="checkbox"/> Change <input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph Mainiero* **JOSEPH MAINIERO** DATE **4/11/2001** DAYTIME PHONE # **561 588 6636**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)