

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

Mailing Address

6971 N FEDERAL HWY, SUITE 105
 BOCA RATON FL 33487

6971 N FEDERAL HWY, SUITE 105
 BOCA RATON FL 33487

763486

2. Principal Place of Business

3. Mailing Address

~~Wild Street~~
 Suite, Apt. #, etc.
~~750 East Coast So~~

~~Wild Street/UPR~~
 Suite, Apt. #, etc.
~~750 East Coast South~~

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

Zip
33460 Country
USA

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

7. Name and Address of New Registered Agent

GREENWALD, STEVEN I
6971 N FEDERAL HWY, SUITE 105
BOCA RATON FL 33487


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**

4/11/2001

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, 2001 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 **D**
 NAME **MAINIERO, JOSEPH**
 STREET ADDRESS **6971 N FEDERAL HWY, SUITE 105**
 CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Delete

TITLE **P**
 NAME **MAINIERO JOSEPH**
 STREET ADDRESS **7525 BRISTOL BAY LANE**
 CITY-ST-ZIP **LAKE WORTH FL 33467** ☒ Change ☐ Addition

TITLE ☐ Delete

TITLE **T**
 NAME **MAINIERO, MARK**
 STREET ADDRESS **TSOBB 616 NEWLAKE DR**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426** ☐ Change ☒ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition


TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ 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**

4/11/2001

561 588 6636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)