

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90093 016 ***150.00

DOCUMENT # **P000000055316**

1. Entity Name **Performance 2-Stroke Inc.**

new address *** 4601 N. Dixie Highway**
Pompano Beach, FL 33064 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4601 N. Dixie Highway

Suite, Apt. #, etc.

3. Mailing Address

1132 W. Lakes drive

Suite, Apt. #, etc.

*** new address**

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, Florida

City & State

Deerfield Beach, Florida

Zip

33064

Country

USA

Zip

33442

Country

USA

4. FEI Number

65 1021270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Louis Mandel

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

1132 West lakes drive

City

Deerfield Beach

FL

Zip Code

33442

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

Louis Mandel (President)

L. M. Mandel

04/30/02

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **President**
NAME **Louis Mandel**
STREET ADDRESS **1132 West lakes drive**
CITY-ST-ZIP **Deerfield Beach, Florida 33442**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

L. M. Mandel Louis Mandel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02

Date

(954) 956-0039

Daytime Phone #