

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90379 016 \*\*\*150.00

**DOCUMENT # P00000061506**

1. Entity Name

**AMMA BOAT CORP.**

Principal Place of Business

**2100 PONCE DE LEON BLVD SUITE 1170  
 CORAL GABLES FL 33134**

Mailing Address

**2100 PONCE DE LEON BLVD SUITE 1170  
 CORAL GABLES FL 33134**

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

☒ 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

**MONTENEGRO, ALINA A  
 2100 PONCE DE LEON BLVD SUITE 1170  
 CORAL GABLES FL 33134**

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, 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

TITLE ☐ Delete

**D  
 ALONSO-POCH, MANUEL  
 2100 PONCE DE LEON BLVD SUITE 1170  
 CORAL GABLES FL 33134**

TITLE ☐ Delete

**D  
 MONTENEGRO, ALINA A  
 2100 PONCE DE LEON BLVD SUITE 1170  
 CORAL GABLES FL 33134**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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:

*Alina A. Montenegro*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/21/01* *305 286 7957*  
 Date Daytime Phone #

CR2E034 (10/00)