

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 19 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000061767			
1. Entity Name WHISKEY RIVER BOAT WORKS, INC.			
Principal Place of Business 3835 SW 88 COURT MIAMI, FLORIDA 33165		Mailing Address 3835 SW 88 COURT MIAMI, FLORIDA 33165	
2. Principal Place of Business 20820 SW 242 STREET		3. Mailing Address 20820 SW 242 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOMESTEAD, FLORIDA		City & State HOMESTEAD, FLORIDA	
Zip 33031	Country USA	Zip 33031	Country USA
4. FEI Number 65-1033855		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARIO ROMAN, JR. 3835 SW 88 COURT MIAMI, FLORIDA 33165		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 20820 SW 242 STREET City HOMESTEAD FL Zip Code 33031	
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. MARIO ROMAN, JR. SIGNATURE <i>[Signature]</i> DATE 4/17/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<div style="border: 1px solid black; padding: 2px; text-align: center;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State </div>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T MARIO ROMAN, JR 20820 SW 242 STREET HOMESTEAD, FLORIDA 33031 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAZMINE ROMAN 20820 SW 242 STREET HOMESTEAD, FLORIDA 33031 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004064472-4 -04/24/01--01094--004 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <i>[Signature]</i>		4/17/01 (305) 248-9787	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E034 (1/100)