

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90119 029 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000061767

1. Entity Name
WHISKEY RIVER BOAT WORKS, INC.



Principal Place of Business
20820 S.W. 242 STREET
HOMESTEAD, FL 33031

Mailing Address
20820 S.W. 242 STREET
HOMESTEAD, FL 33031

11028922



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1033855

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROMAN, MARIO JR
20820 S.W. 242 STREET
HOMESTEAD, FL 33031

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEES \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME ROMAN, MARIO JR
STREET ADDRESS 20820 S.W. 242 STREET
CITY-ST-ZIP HOMESTEAD, FL 33031 ☐ Delete

TITLE DPTF,
NAME Román, Mario Jr
STREET ADDRESS 20820 SW 242 Street
CITY-ST-ZIP Homestead, FL 33031 ☐ Change ☒ Addition

TITLE S
NAME ROMAN, JAZMINE
STREET ADDRESS 20820 S.W. 242 STREET
CITY-ST-ZIP HOMESTEAD, FL 33031 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jasmine Roman
Jasmine Roman
Typed or printed name of signing officer or director

4/29/03

Date

(305) 982-5529

Daytime Phone #

CR2E034 (10/02)