

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000107905**

1. Entity Name

TURBO-MACK CORPORATION

Principal Place of Business

Mailing Address

C/O JOHN M. MACDANIEL, ESQ.
1 BISCAYNE TOWER-2 S. BISCAYNE BLVD S#2975
MIAMI FL 33131C/O JOHN M. MACDANIEL, ESQ.
1 BISCAYNE TOWER-2 S. BISCAYNE BLVD S#2975
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

7230 NW 66th St**7230 NW 66th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-1056669

Applied For

☐ Not Applicable5. 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

**MACDANIEL, JOHN M ESQ
ONE BISCAYNE TOWER SUITE 2975
TWO SOUTH BISCAYNE BLVD
MIAMI FL 33131**Name
Javier Rojas

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

7230 NW 66th St

City

Miami**FL**Zip Code
33166

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

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 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|--|---------------------------------|--|--|
| | | Javier Rojas P/S/D | |
| | | 7230 NW 66th St. | |
| | | Miami, FL 33166 | |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01 (305) 682.1829

DO NOT WRITE IN THIS SPACE

001568

CR2E034 (10/00)