

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

03-07-2002 90236 018 ***150.00

DOCUMENT # P01000003242
1. Entity Name
AZIONE MOTO, INC.

DO NOT WRITE IN THIS SPACE

- 25135

2. Principal Place of Business 2310 N.W. 55TH COURT Suite, Apt. #, etc. SUITE 312		3. Mailing Address "SAME" Suite, Apt. #, etc.		4. FEJ Number 65-1013434		Applied For Not Applicable
City & State FORT LAUDERDALE, FL		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip 33309	Country BROWARD	Zip	Country			

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name	MARTIN MARTINI
Street Address (P.O. Box Number is Not Acceptable)	2310 NW. 55TH COURT SUITE 132
City	FORT LAUDERDALE FL
Zip Code	33309

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]* DATE 04-12-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN MARTINI 2310 NW. 55TH COURT SUITE 132 FORT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowerers.

SIGNATURE: *[Signature]* DATE 04-12-02 (254) 535-2941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

Attachment
25135

HP01000003242

ONLINE IMAGE



ACCOUNT NUMBER:

9985008500

Check Number

Amount

Date Posted

1315

\$150.00

03/13/2002

RESUBMISSION:

ALREADY PAID -
SEE COPY OF
CANCELED
CHECK

AZIONE MOTO INCORPORATED <small>FL 884-024-0272 540 N WEST SURPRISE BLVD FT LAUDERDALE, FL 33311</small>		CAP FOR BUSINESS <small>Asset Management Account</small>		607533 1315
Pay to the Order of <u>Department of State</u>		Date <u>1/10/2002</u>		\$ <u>150.00</u>
<u>One Hundred and Fifty 00/100</u>		Dollars		
<small>First Union National Bank 10000015000</small>		BY <u>HP01000003242</u>		#001315# 00830000216 9985008500# 0000015000#

1136137516	FEB 27 2002 DEPARTMENT OF STATE FOR DEPOSIT ONLY A/C T# 1009068796	6740476671
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FAQs