

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90078 018 ***150.00

DOCUMENT # P01000006461

1. Entity Name
BUGATTI MARINE, INC.



Principal Place of Business
**1515 N FEDERAL HWY. STE 300
BOCA RATON FL 33432**

Mailing Address
**1515 N FEDERAL HWY. STE 300
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1067672**

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

**CAMARGO RODRIGUES, JOAO FRANCISCO
1865 PALM COVE BLVD, #208
DELRAY BEACH FL 33445**

Name
CAMARGO RODRIGUES, JOAO FRANCISCO

Street Address (P.O. Box Number is Not Acceptable)
15095 Michelangelo Blvd. Apt. 206

City **Delray Beach** **FL** Zip Code **33446**

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 *Joao F. Rodrigues - President* **JOAO F. RODRIGUES - PRESIDENT**

DATE **01/10/03**

FILE NOW!!! FEE IS \$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 **DPS**
NAME **CAMARGO RODRIGUES, JOAO FRANCISCO**
STREET ADDRESS **1865 PALM COVE BLVD APT 208**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **DPS**
NAME **CAMARGO RODRIGUES, JOAO FRANCISCO**
STREET ADDRESS **15095 Michelangelo Blvd. - Apt. 206**
CITY-ST-ZIP **Delray Beach, FL 33446**

TITLE **T**
NAME **RODRIGUES, JACQUELINE B**
STREET ADDRESS **1865 PALM COVE BLVD APT 208**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **T**
NAME **RODRIGUES, JACQUELINE B**
STREET ADDRESS **15095 Michelangelo Blvd. - Apt. 206**
CITY-ST-ZIP **Delray Beach, FL 33446**

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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: *Joao F. Rodrigues - President* **JOAO F. RODRIGUES - PRESIDENT**

DATE **01/10/03** (561) 654-3470

CR2E034 (10/02)