

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90322 024 ***150.00

DOCUMENT # P01000022798

1. Entity Name

SPEED 60 INTERNATIONAL, INC.

Principal Place of Business

**201 ALHAMBRA CIRCLE
 SUITE 711
 CORAL GABLES, FL 33134**

Mailing Address

**201 ALHAMBRA CIRCLE
 SUITE 711
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

3633 SW 30 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

4. FEI Number

65-1083289

Applied For

Not Applicable

Zip

Country

Zip

Country

33312

FLORIDA

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

**RAPPORT, STEPHEN R
 201 ALHAMBRA CIRCLE
 SUITE 711
 CORAL GABLES FL 33134**

Name **MIGUEL RODRIGUEZ**

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

3633 SW 30 AVE

City **FT LAUDERDALE**

FL

Zip Code **33312**

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, 2002 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **RODRIGUEZ H., MIGUEL**
 CITY-ST-ZIP **201 ALHAMBRA CIRCLE SUITE 711
 CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3633 SW 30 AVE**
 CITY-ST-ZIP **FT LAUDERDALE, FL 33312**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)