

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053975

1. Entity Name

CHEROKEE POWERBOATS, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90042 027 ***550.00

Principal Place of Business

13800 NW 19TH AVE
BAY 16
MIAMI FL 33054
US

Mailing Address

13800 NW 19TH AVE
BAY 16
MIAMI FL 33054-4208
US

2. Principal Place of Business

3. Mailing Address

20440 NE 15TH CT
Suite, Apt. #, etc.

1925 Keystone Blvd
Suite, Apt. #, etc.

City & State
Miami FL

City & State
N. Miami FL

4. FEI Number 65-0431193

Applied For
Not Applicable

Zip 33179 2708

Country DRC

Zip 33181

Country DRC

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

RICHARD H. PASCH
1925 KEYSTONE BLVD
N. MIAMI FL 33181

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.

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, 2000 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 DS
NAME PASCH, RICHARD
STREET ADDRESS 1925 KEYSTONE BLVD
CITY-ST-ZIP N. MIAMI FL 33181 ☐ Delete

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

TITLE P
NAME FROBERG, ERIC
STREET ADDRESS 1840 KEYSTONE BLVD
CITY-ST-ZIP N MIAMI FL ☐ Delete

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

TITLE S
NAME PASCH, RICHARD H
STREET ADDRESS 1925 KEYSTONE BLVD
CITY-ST-ZIP N MIAMI FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Richard H. Pasch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/00 305-8956904
Date Daytime Phone #

Richard H. Pasch

CR2E034 (9/99)