

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057289

1. Entity Name

B & B BOAT SERVICES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90014 037 ***150.00

Principal Place of Business

Mailing Address

15619 SW 73 CIR TERR
 #105
 MIAMI FL 33193

15619 SW 73 CIR TERR
 #105
 MIAMI FL 33193-1838

2. Principal Place of Business

3. Mailing Address

5640 W. 20th Ct.

5640 W. 20th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hialeah, FL

Hialeah, FL

City & State

City & State

Zip 33016

Country USA

Zip 33016

Country USA

4. FEI Number 65-0454907

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTIESTEBAN, BRAULIO
 15619 SW 73 CIR TERR
 #105
 MIAMI FL 33193

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

Braulio Santiesteban

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/00

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 D
 NAME SANTIESTEBAN, BRAULIO
 STREET ADDRESS 15619 SW 73 CIR TERR #105
 CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

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

TITLE D
 NAME SANTIESTEBAN, BERTHA
 STREET ADDRESS 15619 SW 73 CIR TERR #105
 CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

Braulio Santiesteban
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00

Date

305-798-3631

Daytime Phone #