

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000081183

1. Entity Name

WATERSPORTS PLACE, INC.

FILED

Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90134 025 ***558.75

Principal Place of Business

2550 S. BAYSHORE DR.
SUITE 13
COCONUT GROVE FL 33133
US

Mailing Address

2550 S. BAYSHORE DR.
SUITE 13
COCONUT GROVE FL 33133
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0454736

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NEUWIRTH, ILAN
3101 ROYAL PALM AVE
GLENDALE FEDERAL BANK BLDG SUITE 213
MIAMI BCH FL 33140

Name

NEUWIRTH, ILAN

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

1345 N. Ventian Way

City

Miami

FL

Zip Code

33140

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P ☐ Delete
NAME NEUWIRTH, ILAN
STREET ADDRESS 3101 ROYAL PALM AVE
CITY-ST-ZIP MIAMI BCH FL 33140

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: ☒

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-2000 (305) 860-0888

Date

Daytime Phone #

CR2E034 (5/00)