

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000061680

1. Entity Name

MONZA POWER BOATS, CORP.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90257 048 ***150.00

Principal Place of Business

Mailing Address

3230 NW 42ND ST
MIAMI FL 33142
US

3230 NW 42ND ST
MIAMI FL 33142-4333
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0518930

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

ROMAN, ELOY
13304 NW 102ND AVE
HIALEAH GARDENS FL 33016

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	ROMAN, ELOY	NAME	
STREET ADDRESS	13304 NW 102ND AVE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	ROMAN, ELOY	NAME	
STREET ADDRESS	13304 N.W. 102 AVE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	PICAYO, JESUS	NAME	
STREET ADDRESS	226 E 2ND ST, APT 2D	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10009	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: ELOY ROMAN PRES & SEC. 2-25-00 305-674-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)