2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **P97000012322** 1. Entity Name U JET SKI SERVICE CORP. 04-18-2000 90192 015 ***150.00 Principal Place of Business Mailing Address 7497 NW 8TH ST 7497 NW 8TH ST MIAMI FL 33126 MIAMI FL 33126-2912 US 638686 2. Principal Place of Business 3. Mailing Address N^*W^- 7497 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0726848 Not Applicable 33126 \$8.75 Additional Country 5. Certificate of Status Desired 3126 Xde Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent e(ez PEREZ. UVAIDO 7495 N.W. 8TH STREET MIAMI FL 33126 City 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 DATE Signature, 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY-1,72000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change CR2E034 (9/99) ☐ Addition TITLE ☐ Delete TITLE tacheco-Kerez PACHECO-PEREZ, ADRIANA NAME NAME 7497 N.W & ST 7495 N.W. 8TH STREET STREET ADDRESS STREET ADDRESS 7497 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** ☐ Delete Change ☐ Addition TITLE TITLE PEREZ, UVAIDO NAME NAME 7495 N.W. 8TH STREET STREET ADDRESS STREET ADDRESS 7497 CITY-ST-ZIP 33126 MIAMI FL 33126 CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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