

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085891

1. Entity Name

EXTREME ENTERPRISES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90308 025 ***150.00

Principal Place of Business

3609 NORTHEAST 27TH STREET
SUITE 1
FT LAUDERDALE FL 33308

Mailing Address

3609 NORTHEAST 27TH STREET
SUITE 1
FT LAUDERDALE FL 33308-7505

802226



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

40 Hendricks Isle
Suite 5
Fort Lauderdale, FL.
33301 USA

3. Mailing Address

40 Hendricks Isle
Suite 5
Fort Lauderdale, FL.
33301 USA

4. FEI Number 65-0787631

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

RIZZO, DOMINICK R
3609 N.E.-27TH ST
SUITE 1
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
40 Hendricks Isle, Suite 5
Fort Lauderdale FL 33301

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 *Dominick R. Rizzo* Dominick R. Rizzo

1/11/00

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

TITLE PSTD
NAME RIZZO, DOMINICK R
STREET ADDRESS 3609 NORTHEAST 27TH STREET
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 40 Hendricks Isle, Suite 5
Fort Lauderdale, FL 33301 ☒ Change ☐ Addition

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

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

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

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

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

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 duly empowered.

SIGNATURE: *Dominick R. Rizzo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00 954-566-5409
Date Daytime Phone #