

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90187 046 \*\*\*150.00

**DOCUMENT # P98000011050**

1. Entity Name

**POWERSPORTS OF NORTH MIAMI, INC.**

Principal Place of Business

Mailing Address

**215 FIFTH STREET  
 SUITE 108  
 WEST PALM BEACH FL 33401**

**215 FIFTH STREET  
 SUITE 108  
 WEST PALM BEACH FL 33401-4026**

2. Principal Place of Business

**17777 NW 2nd Avenue**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**N. Miami Beach, Fla**

Zip

Country

Zip

Country

**33169**

**USA**

4. FEI Number

**65-0808671**

Applied For

Not Applicable

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

Name

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

City

**FL**

Zip Code

**GIORDANO, JOHN N  
 220 SOUTH FRANKLIN STREET  
 TAMPA FL 33602**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**PD  
 HEATON, LINN D  
 215 5TH ST. STE 108  
 W.P. BCH. FL 33401** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**VD  
 HEATON, LEE W  
 215 5TH STE 108  
 W.P.B. FL 33401** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
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 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**President/Secretary  
 Heaton, Linn D.** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**Vice President** ☒ 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 like empowered.

SIGNATURE:

**Linn Heaton**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**561-932-1039**

**Linn Heaton  
 President/Secy**

**JH Pres.**

CR2E034 (9/99)