2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000024377** May 12, 2000 8:00 am 1. Entity Name **Secretary of State** TURBO ENTERPRISES, INC. 05-12-2000 90012 045 ***150.00 Principal Place of Business Mailing Address 3430C SAN BERNADINO DRIVE 3430C SAN BERNADINO DRIVE DELRAY REACH FL 33445-5402 DELRAY BEACH FL 33445 2. Principal Place of Business 3. Mailing Address 10B S.E. 1st Ave. 10B S.E. 1st Ave. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. " R " " R " Applied For 4. FEI Number City & State City & State 52-2089004 Not Applicable Delray Delray Beach, FL. Beach \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33444 33444 Palm Beach Palm Beach 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHIARENCIA, GINA Street Address (P.O. Box Number is Not Acceptable) 3430C SAN BERNADINO DRIVE **DELRAY BEACH FL 33445** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Change Addition Delete TITLE TITLE Mickey Chiarenza RACKOFF, MICKEY G NAME STREET ADDRESS 13799B Date Palm Court 3430C SAN BERNADINO DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** Delray Beach, FL. 33484 ☐ Addition TITLE ☐ Change CHIARENZA, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 3430C SAN BERNADINO DRIVE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** Addition ☐ Change TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.