

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024377

1. Entity Name

TURBO ENTERPRISES, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90034 050 ***150.00

0313575

Principal Place of Business

108 SE 1ST AVE
B
DELRAY BEACH FL 33444

Mailing Address

108 SE 1ST AVE
B
DELRAY BEACH FL 33444

2. Principal Place of Business

3430 SAN BERNADINO DR.

3. Mailing Address

3430 SAN BERNADINO DR.

Suite, Apt. #, etc.

C

Suite, Apt. #, etc.

C

City & State

DELRAY BEACH, FL 33445

City & State

DELRAY BCH, FL.

Zip

33445

Country

USA

Zip

33445

Country

USA

6. Name and Address of Current Registered Agent

CHIARENCA, GINA

3430C SAN BERNADINO DRIVE
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

MICKEY CHIARENZA

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

13799B DATE PALM COURT

City

DELRAY BEACH FL

Zip Code

33484

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

Mickey Chiarenza

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-01

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, 2001 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 P
NAME RACKOFF, MICKEY G
STREET ADDRESS 3430C SAN BERNADINO DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE P
NAME CHIARENZA, MICKEY
STREET ADDRESS 13799B DATE PALM COURT
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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 ☐ 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

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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:

Mickey Chiarenza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01
Date

Daytime Phone #

CR2E034 (10/00)