

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90035 037 ***150.00

DOCUMENT # P98000024377

1. Entity Name
TURBO ENTERPRISES, INC.

Principal Place of Business

3430 SAN BERNADINO DR
C
DELRAY BEACH FL 33445

Mailing Address

3430 SAN BERNADINO DR
C
DELRAY BEACH FL 33445

2. Principal Place of Business

33 S.E. 1ST AVE

Suite, Apt. #, etc.

102

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA

3. Mailing Address

33 S.E. 1ST AVE

Suite, Apt. #, etc.

102

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2089004

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHAIKENZA, MICKEY

13799-B DATE PALM CT

DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

CHAIKENZA, GINA

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

3430C SAN BERNADINO DR.

City

DELRAY BEACH

FL

Zip Code

33445

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, 2002 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** ☒ Delete
NAME **RACKOFF, MICKEY G**
STREET ADDRESS **3430C SAN BERNADINO DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **CHAIKENZA, GINA**
STREET ADDRESS **3430C SAN BERNADINO DR.**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)