

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026701

1. Entity Name  
A AAA BAAANANA BOAT BAIL BONDS AGENCY, INC.

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91604 001 \*\*\*450.00

Principal Place of Business

PO BOX 824422  
S FLA FL 33082  
US

Mailing Address

PO BOX 824422  
S FLA FL 33082  
US

72694



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 824422

3. Mailing Address

Suite, Apt. #, etc.

City & State

South Florida, FL 33082

City & State

4. FEI Number 65-0821792

Applied For  
Not Applicable

Zip

Country

USA

Zip

Country

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

ALFONSO, YOSVANI  
13899 BISCAYNE BLVD.  
#123  
MIAMI FL 33181

1525 NW 145 ST  
#A  
Miami FL 33125

Name

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

1525 NW 145 ST

City Miami

FL 33125

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
ALFONSO, YOSVANI  
P.O. BOX 824422  
SOUTH FLORIDA FL 33082-4422

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01 (305) 229-2298  
Date Daytime Phone #

CR2E034 (10/00)