

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

DOCUMENT # P98000049520

1. Entity Name

EXOTIC MOTORGROUP INTERNATIONAL, INC.

04-03-2002 90501 006 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3801 PGA BLVD., SUITE 806

3. Mailing Address
3801 PGA BLVD., SUITE 806

Suite, Apt. #, etc.
806

Suite, Apt. #, etc.
806

City & State
PALM BEACH GARDENS FL

City & State
PALM BEACH GARDENS FL

4. FEI Number
65-0843527

Applied For
Not Applicable

Zip
33410

Country
USA

Zip
33410

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PETER V. DE SANCTIS
Street Address (P.O. Box Number is Not Acceptable)
3801 PGA BLVD., SUITE 806

City
PALM BEACH GARDENS FL Zip Code
33410

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/14/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P MEKLED, MICHAEL 3801 PGA BLVD., SUITE 806 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP OWEN, JASON 3801 PGA BLVD., SUITE 806 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEKLED, RAKEN 3801 PGA BLVD., SUITE 806 PALM BEACH GARDENS, FL 33410
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02

Date

Daytime Phone #