

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90016 046 ***158.75

0121120

DOCUMENT # P98000092682

1. Entity Name
MANTA RAY CATAMARANS INC.

Principal Place of Business
2065 NW 141 STREET MIAMI FL 33054

Mailing Address
2065 NW 141 STREET MIAMI FL 33054

2. Principal Place of Business
2398 NW 147 ST.

3. Mailing Address
2398 NW 147 ST.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ORLA-LOUDA FL

City & State
ORLA-LOUDA FL

4. FEI Number **65-0919592** Applied For
 Not Applicable

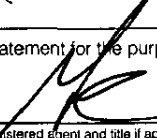
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip **33054** Country **USA** Zip **33054** Country **USA**

6. Name and Address of Current Registered Agent
**BUSINESS FILINGS INCORPORATED
 1186 OCEAN SHORE BLVD.
 SUITE 195
 ORMOND BEACH FL 32176**

7. Name and Address of New Registered Agent
 Name **Bruce & Eschauer**
 Street Address (P.O. Box Number is Not Acceptable)
2701 Laguna Rd. Suite 300
 City **Coral Gables** FL Zip Code **33134**

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)

DATE **3/20/01**

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	D RISK, GEORGE 2065 NW 141 STREET MIAMI FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2398 NW 147 ST <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **pres.** **3/20/01** **(305) 688 364**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)