

2000 UNIFORM BUSINESS REPORT (UBR)

4.

FILED
May 12, 2000 8:00 am
Secretary of State

04-13-2000 90051 025 ***150.00

DOCUMENT # P99000065225

1. Entity Name

OTTOMAN IMPORTS INC.

Principal Place of Business

1242 S.W. PARMA AVENUE
PORT ST. LUCIE FL 34953

Mailing Address

1242 S.W. PARMA AVENUE
PORT ST. LUCIE FL 34953-2317

2. Principal Place of Business

1242 S.W. PARMA AVE

Suite, Apt. #, etc.

3. Mailing Address

1242 S.W. PARMA AVE.

Suite, Apt. #, etc.

City & State

PORT SAINT LUCIE FL

Zip

34953

Country

USA

City & State

PORT ST. LUCIE FL

Zip

34953

Country

USA

4. FEI Number

65-0945745

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACON, ARTHUR W
1242 S.W. PARMA AVENUE
PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

09 APRIL 00

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, 2000 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 ☐ Delete
NAME Chief Executive Officer (CEO)
STREET ADDRESS ARTHUR W. MACON
CITY-ST-ZIP 1242 SW PARMA AVE
PORT ST. LUCIE, FL 34953

TITLE ☐ Delete
NAME Chief Operating Officer (COO)
STREET ADDRESS MICHAEL A. MONTANO
CITY-ST-ZIP 13812 SW 14 STREET
MIAMI FL 33184

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

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

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

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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 all other I/we empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09 APRIL 00

Date

561-878-9655

Daytime Phone #

CR2E034 (9/99)