

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084529

1. Entity Name
XTREME MOTORS, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90006 025 ***550.00

Principal Place of Business
13890 SW 139 COURT
MIAMI FL 33186

Mailing Address
13890 SW 139 COURT
MIAMI FL 33186

00082777



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13960 SW 139 Ct.
Suite, Apt. #, etc.

3. Mailing Address
13960 SW 139 Ct.
Suite, Apt. #, etc.

City & State
miami FL

City & State
Miami FL

4. FEI Number
65-0950791

Applied For
Not Applicable

Zip
33186

Country
USA

Zip
33186

Country
USA

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

6. Name and Address of Current Registered Agent

RAMOS, ANA G
175 FONTAINEBLEAU BLVD., #1-C
MIAMI FL 33172

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME P
STREET ADDRESS PEREZ, AVELINO
CITY-ST-ZIP 14723 SW 177 TERRACE
MIAMI FL 33187

TITLE
NAME I
STREET ADDRESS RAMOS, JESUS
CITY-ST-ZIP 14722 SW 176 TERRACE
MIAMI FL 33187

TITLE
NAME S
STREET ADDRESS RAMOS, DIAHANN
CITY-ST-ZIP 14722 SW 176 TERRACE
MIAMI FL 33187

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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 an other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/00 234 4034
Date Daytime Phone #

CR2E034 (5/00)