

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084529

1. Entity Name
XTREME MOTORS, INC

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

05-18-2001 91552 039 ***150.00

Principal Place of Business

Mailing Address

13960 SW 139 CT
MIAMI FL 33186

13960 SW 139 CT
MIAMI FL 33186

L00068412



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0950791**

Applied For
Not Applicable

Zip

Country

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

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

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

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 ☒ **P**
NAME **PEREZ, AVELINO**
STREET ADDRESS **14723 SW 177 TERRACE**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☒ **President**
NAME **JESUS RAMOS**
STREET ADDRESS **14723 SW 176 Terr.**
CITY-ST-ZIP **MIAMI FL 33187**

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

TITLE ☒ **VP**
NAME **DIAHANN RAMOS**
STREET ADDRESS **14722 SW 176 Terr.**
CITY-ST-ZIP **MIAMI FL 33187**

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

TITLE ☒ **Treasure.**
NAME **Avelino Perez.**
STREET ADDRESS **14723 SW 177 Terr.**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)