## 2000 UNIFORM BUSINESS REPORT (UBR)

hment with an address, with all other like empowered.

## **FILED** DOCUMENT # P99000092105 Mar 10, 2000 8:00 am **Secretary of State** PARADISE ISLAND BOAT RENTALS, INC. 03-10-2000 90037 035 \*\*\*158.75 Principal Place of Business Mailing Address 6001 SW 25 STREET 6001 SW 25 STREET MIAMI FL 33155 MIAMI FL 33155-3118 2. Principal Place of Business 3. Malling Address 07900 OVERSEAS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MH 108 City & State City & State Applied For ARGO Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FIRPI, MIGUEL A Street Address (P.O. Box Number is Not Accep 6001 SW 25 STREET **MIAMI FL 33155** IAMI Inity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **■** Addition TITLE PRESIDENT TITLE ☐ Delete MIGUEL A. FIRPI NAME NAME STREET ADDRESS STREET ADDRESS 6001 SW 25 STREET 33155 CITY-ST-ZIP CITY-ST-ZIP MIAMI Addition ☐ Delete TITLE VILLE PRESIDENT - TREASURER TITLE RANDOIPH V. BULHER NAME STREET ADDRESS STREET ADDRESS 6001 SW 25 STYEET MIAMI FI CITY-ST-ZIP CITY-\$T-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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