2000 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jun 01, 2000 8:00 am
Secretary of State
05-02-2000 90024 021 ***150.00

DOCUMENT # P99000099239

1. Entity Name

HD BOAT SERVICES, INC.

Principal Place of Business	Mailing Address
1127 NW 1 STREET, STE 1 MIAMI FL 33128	1127 NW 1 STREET, STE 1 MIAMI FL 33128-1002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1127 NW 1 St.	P.O. BOX 015807
Suite, Apt. #, etc.: 1	Suite, Apt. #, etc.: MIAMI FLA
City & State: MIAMI FLA	City & State: 33101-3807
Zip: 33128 Country: DADE	Zip: Country:

4. FEI Number: TAX ID #65-0960790 ☐ Applied For ☐ Not Applicable

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
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name: HECTOR G DIAZ Street Address (P.O. Box Number is Not Acceptable): 1127 NW 1 St. #1 City: MIAMI FLA 33128 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: Hector G Diaz 4-5-00
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD DIAZ, HECTOR G 1127 NW 1 STREET, STE 1 MIAMI FL 33128	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD HECTOR G DIAZ 1127 NW 1 St. #1 MIAMI FLA 33128	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: [illegible] 5-20-00 786)348-5481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #