

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

05-03-2004 91232 029 ***150.00

FILED P99000099239

04 MAY 20 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400009688634
12/26/02--01027--003 **\$900.00

DOCUMENT # P99000099239

1. Entity Name

HD BOAT SERVICE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1550 NW 14 TER

Suite, Apt. #, etc.

3. Mailing Address

1550 NW 14 TER

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLA

4. FEI Number

650960790

Applied For

Not Applicable

Zip

33125

Country

DADE

Zip

33125

Country

DDDF

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Hector Diaz

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

1550 NW 14 TER

City

MIAMI

FL

Zip Code

33125

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Hector Diaz

4-22-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 | STREET ADDRESS | CITY-ST-ZIP |
| | HD BOAT SERVICE INC. | 1550 NW 14 TER | MIAMI FLA 33125 |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| | HECTOR DIAZ | 1550 NW 14 TER | MIAMI FLA 33125 |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Hector Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

Daytime Phone #

CR2E034B (12/01)