## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # V08401** Apr 25, 2000 8:00 am Secretary of State GREEN MACHINE JET SKI, INC. 04-25-2000 90118 021 \*\*\*150.00 Mailing Address Principal Place of Business 17305 NW 87TH AVENUE 1620 W. 31ST PL HIALEAH FL 33012 HIALEAH FL 33015-3515 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0302482 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARCIA, ARTURO A. Street Address (P.O. Box Number is Not Acceptable) 17305 NW 87TH AVE HIALEAH FL 33015 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 Signature, typed or printed name of registered agent and title if applicable 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 П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME GARCIA, ARTURO A. STREET ADDRESS STREET ADDRESS 17305 NW 87TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI\_FL ☐ Change Addition Delete TITLE TITLE NAME MONTIEL, MARTHA: H. NAME STREET ADDRESS STREET ADDRESS 17305 NW 87TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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

4-19-00. (305) 828-09117

Daytime Phone

SIGNATURE:

martin Martin Martina Month

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