

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90047 044 \*\*\*150.00

DOCUMENT # P00000009263



1. Entity Name  
NAUTICA WATER SPORT, INC.

Principal Place of Business 8034 N.W. 103RD ST BAY #18 HIALEAH GARDENS FL 33016	Mailing Address 8034 N.W. 103RD ST BAY #18 HIALEAH GARDENS FL 33016
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2. Principal Place of Business 2400 W 84 ST Suite, Apt. #, etc. Suite 16	3. Mailing Address 2400 84 ST Suite, Apt. #, etc. Suite 16
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CHECK HERE IF MAKING CHANGES

City & State HIALEAH Florida	City & State HIALEAH Florida	4. FEI Number 65-0476850	Applied For <input type="checkbox"/> Not Applicable
Zip 33016	Country U.S.A.	Zip 33016	Country U.S.A.
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
HAGE, BOUTROS A.  
8034 N.W. 103RD ST  
BAY #18  
HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent  
Name Hage Boutros A.  
Street Address (P.O. Box Number is Not Acceptable)  
2400 W 84 ST suite 16  
City HIALEAH FL Zip Code 33016

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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE DATE 04.09.03.  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD HAGE, BOUTROS A 8034 N.W. 103RD ST. #18 HIALEAH GARDENS FL 33016 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD POWER, BEE C.A. AVE SAN IGNACIO LOYOLA CHACAO, CARACAS, VENEZUELA. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD Hage Boutros A. 2400 W 84 ST suite 16 HIALEAH FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 04-09-03 305-8236644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)