

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90133 003 ***150.00

DOCUMENT # P00000107153

1. Entity Name
FOR YACHTS INTERNATIONAL OF SOUTH FLORIDA, INC.

Principal Place of Business 3890 W COMMERCIAL BLVD STE 214 FT LAUDERDALE FL 33309	Mailing Address 3890 W COMMERCIAL BLVD STE 214 FT LAUDERDALE FL 33309
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2. Principal Place of Business 7495 NW 53 ST. Suite, Apt. #, etc.	3. Mailing Address 7495 NW 53 ST Suite, Apt. #, etc.
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City & State LAuderdale FL	City & State LAuderdale FL
Zip 33319	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GENEREUX, SERGE
3890 W COMMERCIAL BLVD STE 214
FT LAUDERDALE FL 33309

4. FEI Number 58-2582438	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 7495 NW 53 ST	
City LAuderdale	Zip Code FL 33319

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)

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GENEREUX, SERGE		NAME	
STREET ADDRESS 3890 W COMMERCIAL BLVD STE 214		STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 33309		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/00)