

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90043 024 ***150.00

DOCUMENT # *PO1000013233*
1. Entity Name
CAPT B. VAN HOUTEN YACHT SALES, INC.



DO NOT WRITE IN THIS SPACE

20022712

2. Principal Place of Business <i>1965 S. OCEAN DRIVE</i> Suite, Apt. #, etc. <i>#66</i> City & State <i>HALLANDALE FL</i> Zip <i>33009</i>		3. Mailing Address <i>1965 S. OCEAN DRIVE</i> Suite, Apt. #, etc. <i>#66</i> City & State <i>HALLANDALE FL</i> Zip <i>33009</i>	
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4. FEI Number <i>01-067-0597</i>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL	Zip Code

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinsuring) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PSDE KESTEN, IRENE P 1965 S. OCEAN DR HALLANDALE, FL 33009</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Irene P Kesten*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: *Jan 28, 2003*
Daytime Phone #: *954-444-9000*

CR2E034B (12/02)