2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077609 1. Entity Name

Country

2999 N.E. 191ST STREET, STE. 900

9. This corporation is eligible to satisfy its Intangible

LAURENTI, JEAN-PIERRE

AVENTURA FL 33180

LAURENTI, MARYSE

AVENTURA FL 33180

AVENTURA FL 33180

LAURENTI, MARC

2999 N.E. 191ST STREET, STE. 900

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2999 N.E. 191ST STREET, STE. 900

Tax filing requirement and elects to do so.

(See criteria on back)

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

1606 YACHT CLUB CORPORATION

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

TITLE

NAME

TILE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

2999 N.E. 191ST STREET, STE. 900 **AVENTURA FL 33180**

SCHIFFMAN, ADAM R

AVENTURA FL 33180

2999 N.E. 191ST STREET, STE. 900

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

NAME

TITI F

NAME

NAME

NAME

NAME

TITLE

NAME

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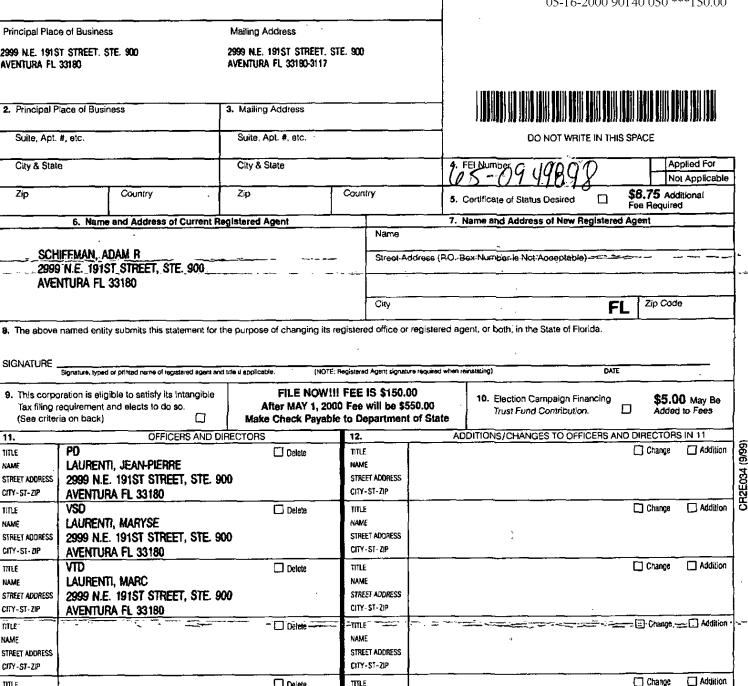
City

AVENTURA FL 33180-3117

5/10

FILED Jun 06, 2000 8:00 am Secretary of State

05-16-2000 90140 050 ***150.00



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 Block 12 if changed, or on an attachment wi n address, with all other like empowered

SIGNATURE:

☐ Addition

☐ Change