

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0286659
 AV

DOCUMENT # P99000086183

1. Entity Name
5103 YACHT CLUB CORPORATION

04-01-2002 90070 032 ***150.00

Principal Place of Business
 2999 NE 191ST ST., SUITE 900
 AVENTURA FL 33180

Mailing Address
 2999 NE 191ST ST., SUITE 900
 AVENTURA FL 33180

11000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 19777 east country
 Suite, Apt. #, etc.
 Club Dr. Unit 5-103

3. Mailing Address
 SHEVET-BINYAMIN
 Suite, Apt. #, etc.
 71

City & State
 AVENTURA FL
Zip
 33180
Country
 U.S.A

City & State
 GIVAT-ZEEV
Zip
 90917
Country
 ISRAEL

4. FEI Number 65-0949900

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R
 2999 NE 191ST ST., SUITE 900
 AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name
 SHABTAI KIMHI
Street Address (P.O. Box Number is Not Acceptable)
 19777 east country club Dr.
 Unit 5-103.
City
 AVENTURA FL **Zip Code**
 33180

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03/10/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHABTAI, KIMHI 2999 NE 191ST ST., SUITE 900 AVENTURA FL 33180 <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHABTAI KIMHI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19777 east country club Dr. Unit 5-103 Aventura FL 33180
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 with an address, with all other like empowered.

SIGNATURE: ☒ **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/02 972-54-7777-5
 Date Daytime Phone #

CR2E034 (9/01)