

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90033 037 \*\*\*\*61.25

**DOCUMENT # 735565**

1. Entity Name

**DINNER KEY CRUISING CLUB, INC.**

Principal Place of Business

Mailing Address

1925 BRICKELL AVE  
 STE D1001  
 MIAMI FL 33129  
 US

1925 BRICKELL AVE  
 STE D1001  
 MIAMI FL 33129  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1723707**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YELEN, MARTIN**  
**1925 BRICKELL AVE**  
**STE D1001**  
**MIAMI FL 33129**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Delete  
 NAME **BICKLE, DONNA**  
 STREET ADDRESS **3400 PAN AMERICAN DRIVE**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **RUBY PORTNOY**  
 STREET ADDRESS **13450 SW 96 ST**  
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **PD** ☐ Delete  
 NAME **PRIESTMAN, BILL**  
 STREET ADDRESS **2713 SEA ISLAND DR**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **VP D** ☒ Change ☐ Addition  
 NAME **BOB LANG**  
 STREET ADDRESS **13615 S. DIXIE HWY # 547**  
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **VPD** ☐ Delete  
 NAME **YELEN, BEVERLY**  
 STREET ADDRESS **1925 BRICKELL AVE APT D1001**  
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **P-D** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☒ Delete  
 NAME **LEMAY, PAULA**  
 STREET ADDRESS **12225 SW 151 ST #213**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **VP D** ☒ Change ☐ Addition  
 NAME **WILSON RIGGIN**  
 STREET ADDRESS **3400 PAN AMERICAN DR**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 617, 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: Beverly Yelen **BEVERLY YELEN R** 1/22/02 305-285-9309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)