2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749896

1. Entity Name

: CIUDAMAR YACHT CLUB, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

06-05-2000 90038 005 ****70.00

Principal Place of Business
9950 S.W. 104TH ST.
MIAMI FL 33176

Mailing Address
Lilian Radjoy
~~C/O JULIAN HERNANDEZ~~
~~1150 NW 72ND AVE., SUITE 307~~
~~MIAMI FL 33126-1320~~
9950 SW 104 St
Miami, Fl. 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-2010265 — Applied For / Not Applicable

Zip | Country

Zip | Country

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ARRONTE, RAMON~~
~~5-745 SW 35TH AVE~~
~~MIAMI FL 33135~~

7. Name and Address of New Registered Agent

Name: PABLO J. Mila

Street Address (P.O. Box Number is Not Acceptable): 8342 SW 5 St

City: Miami FL Zip Code: 33144

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] May 26 / 2000

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	S	☐ Delete	TITLE: P.D.	☒ Change ☐ Addition
NAME	~~JORGE, SAINZ A~~		NAME: PABLO J. Mila	
STREET ADDRESS	~~6400 SW 92 ST.~~		STREET ADDRESS: 8342 SW 5 ST.	
CITY-ST-ZIP	~~MIAMI FL 33156~~		CITY-ST-ZIP: Miami, Fl. 33144	
TITLE	~~VP~~	☐ Delete	TITLE: VP	☑ Change ☐ Addition
NAME	~~PEDRO, ALVAREZ~~		NAME: FERNANDO MARTINEZ	
STREET ADDRESS	~~9701 SW 1 TERR.~~		STREET ADDRESS: P.O. Box 450522	
CITY-ST-ZIP	~~MIAMI FL 33174~~		CITY-ST-ZIP: Miami, FL. 33245	
TITLE	~~PD~~	☐ Delete	TITLE: T.D.	☑ Change ☐ Addition
NAME	~~ARRONTE, RAMON~~		NAME: Nancy MiLA	
STREET ADDRESS	~~745 S W 35TH AVE~~		STREET ADDRESS: 8342 SW 5 ST	
CITY-ST-ZIP	~~MIAMI FL 33135~~		CITY-ST-ZIP: MIAMI, FL. 33144	
TITLE	~~TD~~	☐ Delete	TITLE: SD	☑ Change ☐ Addition
NAME	~~CEDENO, NICOLAS~~		NAME: CELIA MARTINEZ	
STREET ADDRESS	~~168 NW 85TH CT~~		STREET ADDRESS: P.O. Box 450522	
CITY-ST-ZIP	~~MIAMI FL 33015~~		CITY-ST-ZIP: Miami, Fl. 33245	
TITLE	~~D~~	☐ Delete	TITLE: D.	☑ Change ☐ Addition
NAME	~~ROGABAL, FELIX A~~		NAME: LUCIANO MIRANDA	
STREET ADDRESS	~~9200 S W 80TH TERR~~		STREET ADDRESS: 2105 SW 98th Av.	
CITY-ST-ZIP	~~MIAMI FL 33173~~		CITY-ST-ZIP: Miami, Fl. 33165	
TITLE	~~VS~~	☐ Delete	TITLE: V.T.	☑ Change ☐ Addition
NAME	~~GALEGOS, VICTOR~~		NAME: NIEVES ESTRADA	
STREET ADDRESS	~~6900 SW 138 ST.~~		STREET ADDRESS: 1532 DORADO Av.	
CITY-ST-ZIP	~~MIAMI FL 33156~~		CITY-ST-ZIP: Coral Gables, FL.	

CR2E037 (9/99)

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 607, 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: SIGNATURE REQUIRED [signature] 5/26/00 305-559-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #