

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G54606

1. Entity Name

HMV NEW YACHT SALES, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90114 023 \*\*\*150.00

Principal Place of Business

Mailing Address

850 NE THIRD STREET  
#213  
DANIA FL 33004  
US

850 NE THIRD STREET  
#213  
DANIA FL 33004-3401  
US

2. Principal Place of Business  
817 NE 3RD STREET

3. Mailing Address  
817 NE 3RD STREET

Suite, Apt. #, etc.  
#1

Suite, Apt. #, etc.  
#1

City & State  
DANIA, FL

City & State  
DANIA, FL

Zip  
33004

Country  
US

Zip  
33004

Country  
US

4. FEI Number 59-2321573

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

MOYNIHAN, STEPHEN D  
10970 SW 30TH COURT  
16563 LAKKETREE DR  
FT LAUDERDALE FL 33326

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

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME AUSTIN, WILLIS V., III  
STREET ADDRESS 12095 NW 19TH ST  
CITY-ST-ZIP PLANTATION FL 33323 ☐ Delete

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

TITLE VD  
NAME MOYNIHAN, STEPHEN D  
STREET ADDRESS 19686 LOXAHATCHEE RIVER RD  
CITY-ST-ZIP DAVIE, FL 00000 33458 ☐ Delete

TITLE V.. PRESIDENT  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 of Stephen D. Moynihan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
STEPHEN D. MOYNIHAN

Date

Daytime Phone #

CR2E034 (9/99)