

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

04-28-2003 91781 001 ***300.00
08-15-2003 90086 025 ***550.00

0047218 AV

DOCUMENT # H04762

1. Entity Name

JONES YACHT & SHIP BROKERS, INC.



Principal Place of Business

**C/O CLEVELAND H. JONES
3399 N.W. SOUTH RIVER DRIVE
MIAMI FL 33142**

Mailing Address

**C/O CLEVELAND H. JONES
3399 N.W. SOUTH RIVER DRIVE
MIAMI FL 33142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

NOT APPLICABLE

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

**JONES, CLEVELAND III
3399 N.W. SOUTH RIVER DRIVE
MIAMI FL 33142**

Name **JOSE BARED**

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

3399 N.W. SOUTH RIVER DR.

City **Miami**

FL

Zip Code

33142

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**JOSE BARED
V. PRESIDENT**

8/15/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **CLEVELAND, JONES III**
STREET ADDRESS **3399 N.W. S. RIVER DR.**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **VICTOR BARED**
STREET ADDRESS **3399 N.W. S. RIVER DR.**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **VPT** ☒ Delete
NAME **JONES, CAROLINE**
STREET ADDRESS **3399 NW SO. RIVER DRIVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **V. PRESIDENT** ☒ Change ☐ Addition
NAME **JOSE BARED**
STREET ADDRESS **3399 N.W. S. RIVER DR.**
CITY-ST-ZIP **MIAMI, FL 33142**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE BARED

V. PRESIDENT

8/15/03

305-635-0891

Date

Daytime Phone #

CR2E034 (4/03)