

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91466 024 ***150.00

DOCUMENT # K15811					
1. Entity Name COSCAN WATERWAYS, INC.					
Principal Place of Business 5555 ANGLERS AVE. FORT LAUDERDALE FL 33-3112 US			Mailing Address 5555 ANGLERS AVE. 103 FORT LAUDERDALE FL 33-3112 US		
2. Principal Place of Business 5555 Anglers Avenue Suite, Apt. #, etc. Suite 1A City & State Ft. Lauderdale, FL Zip 33312			3. Mailing Address 5555 Anglers Avenue Suite, Apt. #, etc. Suite 1A City & State Ft. Lauderdale, FL Zip 33312		
Country US		Country US		4. FEI Number 65-0053485	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 SE 2ND STREET STE 3500 MIAMI FL 33131			7. Name and Address of New Registered Agent Name Registered Agents of Florida, LLC Street Address (P.O. Box Number is Not Acceptable) 100 Southeast Street Suite 2900 City, State, Zip Code Miami FL 33131		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE </div> <div style="width: 40%; text-align: center;"> Howard J. Vogel, V.P. </div> <div style="width: 20%; text-align: right;"> DATE </div> </div>					
FILE NOW! FEE IS \$150.00 After May 1, 2003, fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD PIAZZA, ALBERT 5555 ANGLERS AVE. FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE	PD Piazza, Albert 5555 Anglers Avenue, Suite 1A Ft. Lauderdale, Florida 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VSD BURRIS, DAVID 5555 ANGLERS AVE. FORT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Delete	TITLE	S Janet P. Mueller 5555 Anglers Avenue, Suite 1A Ft. Lauderdale, Florida 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V NEAL, MICHAEL R 5555 ANGLERS AVE. FORT LAUDERDALE FL 33313	<input type="checkbox"/> Delete	TITLE	VD Neal, Michael R. 5555 Anglers Avenue, Suite 1A Ft. Lauderdale, Florida 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	ASAV TACHER, ROBERTA 5555 ANGLERS AVE. FORT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.					
SIGNATURE:			SIGNATURE REQUIRED Albert Piazza		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/22/03 (954) 620-1000		

CR2E034 (10/02)