2003 FOR PROFIT CORPORATION

Jan 23, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** K70965 DOCUMENT # 01-23-2003 90338 001 ***300.00 1. Entity Name FLICK MORTGAGE INVESTORS, INC. Principal Place of Business Mailing Address 55002559 9155 S. DADELAND BLVD 9155 S. DADELAND BLVD PENTHOUSE I. STE 1712 PENTHOUSE I. STE 1712 **MIAMI FL 33156** MIAMI FL 33156 HS HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2936881 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namé FLICK, JEFFREY B Street Address (P.O. Box Number is Not Acceptable) 9155 S. DADELAND BLVD PENTHOUSE I, STE 1712 **MIAMI FL 33156** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE ☐ Addition FLICK, JEFFREY B NAME : NAME STREET ADDRESS 9155 S. DADELAND BLVD., PH-I, STE 1712 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33156** CITY-ST-ZIP ☐ Delete TITLE VSD TITLE Change ☐ Addition FLICK, SANDRA NAME STREET ADDRESS 9155 S. DADELAND BLVD., PH-I, STE 1712 STREET ADDRESS CITY-ST-ZIP MIAM! FL 33156 CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

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 of the corporation or the receiver or trustee em changed, or on an attachment with an address

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

O President

01/06/2003

305-671-7777

Daytime Phone #

FILED

3R2E034 (10/02)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P95000033199 1. Entity Name					
BLUEW	VATER CHARTERS,	INC.	V		
	O NOT WRITI		PACE	5500256	0
Principal Place of Business 9155 S. DADELAND BLVD.		3. Mailing Address 9155 S. DADELA	AND BLVD.		
Suffe, Apt. #, etc. PENTHOUSE I, STE. 1712		Suite, Apt. #, etc. PENTHOUSE I,	STE. 1712	DO NOT WRITE IN THIS SPACE	
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-0574209	Applied For Not Applicable
Zip 33156-274	Country 2 MIAMI-DADE	Zip 33156-2742	Country MIAMI-DADE		8.75 Additional ee Required
7. Name and Address of Current Registered Agent					
JEFFREY B. FLICK					
Contract Association (1985) A financial financial for the contract of the cont					
IN THIS SPACE 9155 S. DADELAND BLVD., PH-I, SUITE 1712					
			City MIAMI	FL	Zip Code 33156-2742
	arned entity submits this statement	for the purpose of changing it	s registered office or register	ed agent, or both, in the State of Florida. I am fam	illar with, and accept
are configurations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
January 1: May 1: Fee is \$150.00 After May 1; Fee is \$550.00 Amended UBR is \$61:25 Make Check Payable to Florida Department of State					\$5.00 May Be Added to Fees
Make Check P	ayable to Florida Department of OFFICERS ANI	333333333333333333333333333333333333333			
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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 proprit is the 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 eminimises the propriet of the corporation or the receiver or trustee eminimises. Block 10 or on an attachment with an address, with all other like any trustee.					
SIGNATURE: 4 PRESIDENT 01/17/2003 305-671-7777					
SIGNATURE: PRESIDENT 01/1/2003 305-6/1-///					