

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -3 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0008238 AF

DOCUMENT # L00000006630

1. Entity Name
INTERNATIONAL YACHT GROUP, LLC

Principal Place of Business
2051 NW 11TH ST
MIAMI FL 33125

Mailing Address
2051 NW 11TH ST
MIAMI FL 33125



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3103 N.W. 20th STREET

3. Mailing Address
3103 N.W. 20th STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33142

Country
USA

Zip
33142

Country
USA

4. FEI Number
65-1020170

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
Name
INTERNATIONAL YACHT GROUP

Street Address (P.O. Box Number is Not Acceptable)
3103 NW 20th ST.

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.

SIGNATURE **JORGE M. LOZANO**

05/01/01

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

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004336893--2
-05/31/01--01094--025
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS	
TITLE MANAGING DIRECTOR	<input type="checkbox"/> Delete.
NAME JORGE M. LOZANO	
STREET ADDRESS 700SW 8th. AV. #19A	
CITY-ST-ZIP HALLANDALE, FL 33009	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **JORGE M. LOZANO**

05/01/01 (305)6492001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)