

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2003 8:00 am**  
**Secretary of State**

06-13-2003 90006 005 \*\*\*\*\*50.00

0011104

**DOCUMENT # L02000004172**

1. Entity Name

**POSTMA & VOM BROICH INTERNATIONAL YACHTS, LLC**



Principal Place of Business

Mailing Address

2534 SE 14TH ST  
POMPANO BEACH FL 33062

2534 SE 14TH ST  
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

**515 Seabreeze Blvd.**

**same as 2.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 303**

City & State

City & State

**Ft. Lauderdale, FL**

Zip

Country

Zip

Country

**33316**

**USA**

4. FEI Number

**74-3027849**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROICH, MARC-UDO  
2534 SE 14TH ST  
POMPANO BEACH FL 33062**

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. 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

**5-23-03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **CHAIRMAN** ☐ Delete  
NAME **RANDY POSTMA**  
STREET ADDRESS **1271 SEMINOLE DR**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33304**

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

TITLE **PRESIDENT** ☐ Delete  
NAME **MARC-UDO BROICH**  
STREET ADDRESS **2534 SE 14TH ST**  
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

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

**5-23-03**

Date

**954-786-0211**

Daytime Phone #

CR2E083 (10/02)