## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # L84242** Apr 22, 2000 8:00 am Secretary of State A.V. YACHT SALES., INC. 04-22-2000 90022 047 \*\*\*158.75 Principal Place of Business Mailing Address 2131 SW 27TH LN 2131 SW 27TH LN FT. LAUDERDALE FL 33312-4463 FT. LAUDERDALE FL 33312 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0203894 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VILLALON, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 2131 SW 27TH LN FT. LAUDERDALE FL 33312 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD ☐ Change ☐ Addition ☐ Delete TITLE VILLALON, ALEJANDRO NAME 2131 SW 27TH LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIF FT. LAUDERDALE FL 33312 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ----- Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 accurage and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee ennowhere the certific properties as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver or trustee ennowhere the certific properties as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the certification of the receiver of the corporation of the receiver of the rec

changed, or on an attachment with an add ELANDRO Villalon, presiden SIGNATURE:

e empowered.