

2000 UNIFORM BUSINESS REPORT (UBR)

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CR2E083 (9/99)

DOCUMENT # L98000000734

1. Entity Name
NOBLE HOUSE MARITIME CHARTERS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 22 PM 12:49

Principal Place of Business
100 S.E. SECOND STREET, 17TH FLOOR
MIAMI FL 33131

Mailing Address
100 S.E. SECOND STREET, 17TH FLOOR
MIAMI FL 33131-2158



2. Principal Place of Business
Suite, Apt. #, etc.
674 WOODCREST RD
City & State
KEY BISCAYNE FLORIDA
Zip 33149 Country USA

3. Mailing Address
670 MOST HOROWITZ & CO. LLP
Suite, Apt. #, etc.
675 THIRIS AVE 13th FL
City & State
NEW YORK, NY
Zip 10017 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0840439 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
BROWN, MORTON P
100 S.E. SECOND STREET, 17TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SILVERMAN, ERIC 678 WOODCREST RD KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800003156178--2 -03/03/00--01047--002 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] **SIGNATURE REQUIRED** Date 2/17/00 Daytime Phone #