

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001305 AF

**DOCUMENT #** L98000000734

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

FILED  
01 APR -9 AM 7:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
678 WOODCREST RD.  
KEY BISCAINE FL 33149

**Mailing Address**  
CO MOST HOROWITZ & CO., LLP  
675 THIRD AVE., 23RD FL  
NEW YORK NY 10017



**2. Principal Place of Business**  
C/O MOST HOROWITZ & CO. - LP  
Suite, Apt. #, etc.  
675 THIRD AVE 23rd FL  
City & State  
NEW YORK NY  
Zip  
10017  
Country  
USA

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

**4. FEI Number** 65-0840439  
☐ Applied For  
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVERMAN, ERIC 678 WOODCREST RD KEY BISCAINE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	108 E. BAYBERRY RD ISLIP NY 11751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** \_\_\_\_\_ **4/4/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** Daytime Phone #

CR2E083 (11/00)