

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90045 036 ***150.00

DOCUMENT # M08176

1. Entity Name
CLEANSE A YACHT, INC.

Principal Place of Business

**2001 S.W. 20TH ST.
 FT. LAUDERDALE FL 33315**

Mailing Address

**2001 S.W. 20TH ST.
 FT. LAUDERDALE FL 33315**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**501 NW South River DR
 Suite, Apt. #, etc.**

3. Mailing Address

**501 NW South River Drive
 Suite, Apt. #, etc.**

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

59-2469268

Applied For

Not Applicable

Zip

33136

Country

USA

Zip

33136

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SCHECHTER, ANGELA

**2001 SW 20TH ST 501 NW SOUTH RIVER DRIVE
 FORT LAUDERDALE FL 33315 MIAMI FLORIDA 33136**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHECHTER, JOE	
STREET ADDRESS	2001 SW 20 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHECHTER, ANGELA	
STREET ADDRESS	2001 SW 20 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	501 NW SOUTH RIVER DRIVE	
CITY-ST-ZIP	MIAMI FLORIDA 33136-3717	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	501 NW. SOUTH RIVER DRIVE	
CITY-ST-ZIP	MIAMI FLORIDA 33136-3717	
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		

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 accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Angela Schechter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

Date

305-945-5700

Daytime Phone #

CR2E034 (9/01)