FILED 👟 د 😘 Oct 02, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT # NO1000005778 09-11-2002 90078 027 ****61.25 1. Entity Name PALM BEACH SEAPORT ASSOCIATION, INC. Principal Place of Business Mailing Address 43456 301 YAMATO RD., STE. 4150 -301 TAMATO RD.: STE. 4150 BOCA RATON FL 33431 BOCK RATUR FL 33431 2. Principal Place of Business
200 Dr. Hartin Lather 3. Malling Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Elty & State City & State 4. FEI Number 03 - 038 435 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STENKHY: -5.50-Sachs, Peter C eco 301 YAMATO RD., SIE: 4150 BOCA RATON FL-23431 CHRIVIERA B. The above named entity submits. atement 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, f registered agent. RUBEN SPENNED SIGNATURE ed Agent eignature required when rains After September 13, 2002, Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. П min. will be \$236,25. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PASSIDEN T Delete ☐ Change ☐ Addition NAME NAME STRÉET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP <u>3341</u>9 CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TREMOVER TITLE Change Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP D Delete TITLE TITLE ☐ Change Addition NAME STREET ACCRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this fling 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 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 rectifier or trustee empowering to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, written after the province of the corporation of the corporation of the corporation of the corporation of the rectifier of the corporation of the corporation of the rectifier of the corporation of the corporat

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SIGNATURE: