

2006 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000014888**

1. Entity Name

2303 YACHT CLUB, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90246 043 ***150.00

A0065757

2. Principal Place of Business 100 JEFFERSON AVE <small>(Suite, Apt. #, etc.)</small> 10001		3. Mailing Address 100 JEFFERSON AVE <small>(Suite, Apt. #, etc.)</small> 10001		4. FEI Number 65-0988228		Applied For <input type="checkbox"/> Not Applicable	
City & State MIAMI BEACH FL		City & State MIAMI BEACH, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional - Fee Required			
Zip 33139		Country USA		Zip 33139		Country	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name KAHN, MORRIS			
				Street Address (P.O. Box Number is Not Acceptable) 100 JEFFERSON AVE			
				STE 10001			
				City MIAMI BEACH FL Zip Code 33139			

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.
Morris Kahn Morris Kahn, 4/23/04
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See instructions on back)		10. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete		TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME KAHN, AUDREY	
		STREET ADDRESS 100 JEFFERSON AVE STE 10001	
		CITY-ST-ZIP MIAMI BEACH, FL 33139	
<input type="checkbox"/> Delete		TITLE 5T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME KAHN, MORRIS	
		STREET ADDRESS 100 JEFFERSON AVE STE 10001	
		CITY-ST-ZIP MIAMI BEACH, FL 33139	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
<input type="checkbox"/> Delete		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)(l), 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 of this report, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Morris Kahn Morris Kahn 4/23/04**