

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000027219**

1. Entity Name

CORPORATE YACHT & FISHING, INC.**FILED**
Jul 02, 2002 8:00 am
Secretary of State

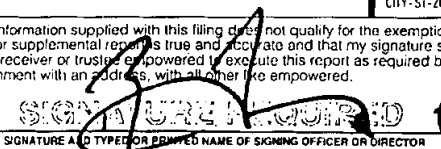
05-27-2002 90357 042 ***150.00

37300

000100



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3109 STIRLING ROAD #101 FORT LAUDERDALE FL 33312		Mailing Address 3109 STIRLING ROAD #101 FORT LAUDERDALE FL 33312	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 61-1417400		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARBSTEIN, BEN I ESQ. 3109 STIRLING ROAD #101 FORT LAUDERDALE FL 33312		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)</small>			
DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
(See criteria on back)		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FARBSTEIN, BEN I 3109 STIRLING ROAD #101 FORT LAUDERDALE FL 33312 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4/24/02 (954) 962-5900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

CR2E034 (9/01)

Received: 6/25/02 9:38AM; 954 733 9261 -> LAW OFFICE OF BEN I FARBSSTEIN; Page 2
Sent By: Kofsky, Coury & Associates, PA; 954 733 9261; Jun-25-02 9:41AM; Page 2/2
JUN-25-2002 07:50 IRS #5 *Attached* 606 292 5760 P.01/01
P 00000027219



Internal
Revenue
Service

**Employer Identification
Number (EIN) Cover Sheet**

Date
6/21/2002
No. of pages (including this one) 1

Cincinnati Accounts Management Center (CAMC)

FAX: 859-669-5760

PHONE: 866-816-2065

To	MISTY BUSH	From	R. SHURES 17-53169
FAX	954-733-9261	Phone	

ATTENTION

Name of Entity

CORPORATE YACHT AND FISHING INC

EIN PREVIOUSLY ASSIGNED

61-1417400

Name of Entity

EIN

Name of Entity

EIN

This coversheet is used as verification for a requested EIN. For any questions regarding the application for Employer Identification Number (SS-4) use the above toll-free number, all other non-related questions, please contact 800-829-1040

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient or the employee or agent responsible for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone, and return the communication via fax at the number given above. Thank you.

Department of State 6/20/2002 2:47 PAGE 1/1 RightFAX

Attachment
P00000027219
37366

6/20/02 CORPORATE DETAIL RECORD SCREEN 2:40 PM
NUM: P00000027219 ST:FL ACTIVE/FL PROFIT FLD: 03/16/2000
FEI#: APPLIED FOR
NAME : CORPORATE YACHT & FISHING, INC.
PRINCIPAL: 3109 STIRLING ROAD #101
ADDRESS FORT LAUDERDALE, FL 33312
RA NAME : FARBSTEIN, BEN I ESQ.
RA ADDR : 3109 STIRLING ROAD #101
FORT LAUDERDALE, FL 33312
ANN REP : (2001) A 05/02/01

6/20/02 OFFICER/DIRECTOR DETAIL SCREEN 2:42 PM
CORP NUMBER: P00000027219 CORP NAME: CORPORATE YACHT & FISHING, INC.
TITLE: PSTD NAME: FARBSTEIN, BEN I
3109 STIRLING ROAD #101
FORT LAUDERDALE, FL 33312

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----

Sent By: Kofsky, Coury & Associates, PA; 954 733 9261;

Jun-20-02 3:28PM;

Page 1/3

Form **SS-4**

(Rev. April 2000)

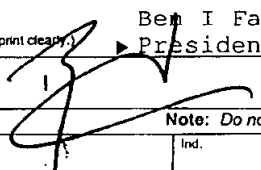
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly	1 Name of applicant (legal name) (see instructions) Corporate Yacht & Fishing, Inc																			
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name																	
	4a Mailing address (street address) (room, apt., or suite no.) 3109 Stirling Road, Ste. 101		5a Business address (if different from address on lines 4a and 4b)																	
	4b City, state, and ZIP code Ft Lauderdale FL 33312		5b City, state, and ZIP code																	
	6 County and state where principal business is located Broward Florida																			
	7 Name of principal officer, general partner, grantor, owner, or trustee - SSN or ITIN may be required (see instructions) ▶ 261-35-3394 Ben I. Farbstein																			
	8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a. <table border="0"><tr><td><input type="checkbox"/> Sole proprietor (SSN)</td><td><input type="checkbox"/> Personal service corp.</td><td><input type="checkbox"/> Estate (SSN of decedent)</td></tr><tr><td><input type="checkbox"/> REMIC</td><td><input type="checkbox"/> National Guard</td><td><input checked="" type="checkbox"/> Plan administrator (SSN)</td></tr><tr><td><input type="checkbox"/> State/local government</td><td><input type="checkbox"/> Farmer's cooperative</td><td><input checked="" type="checkbox"/> Other corporation (specify) ▶ C-Corp</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td></td><td><input type="checkbox"/> Trust</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify) ▶</td><td></td><td><input type="checkbox"/> Federal government/military</td></tr><tr><td><input type="checkbox"/> Other (specify) ▶</td><td></td><td>(enter GEN if applicable)</td></tr></table>			<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> REMIC	<input type="checkbox"/> National Guard	<input checked="" type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> State/local government	<input type="checkbox"/> Farmer's cooperative	<input checked="" type="checkbox"/> Other corporation (specify) ▶ C-Corp	<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Trust	<input type="checkbox"/> Other nonprofit organization (specify) ▶		<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Other (specify) ▶	
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<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Trust																		
<input type="checkbox"/> Other nonprofit organization (specify) ▶		<input type="checkbox"/> Federal government/military																		
<input type="checkbox"/> Other (specify) ▶		(enter GEN if applicable)																		
8b If a corporation, name the state or foreign country (if applicable) where incorporated Florida		Foreign country																		
9 Reason for applying (Check only one box.) (see instructions) <input checked="" type="checkbox"/> Started new business (specify type) ▶ Boat Charters <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Other (specify) ▶																				
10 Date business started or acquired (month, day, year) (see instructions) 06/03/2002		11 Closing month of accounting year (see instructions) DECEMBER																		
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A																				
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)		<table border="1"><tr><td>Nonagricultural</td><td>Agricultural</td><td>Household</td></tr><tr><td>0</td><td>0</td><td>0</td></tr></table>	Nonagricultural	Agricultural	Household	0	0	0												
Nonagricultural	Agricultural	Household																		
0	0	0																		
14 Principal activity (see instructions) ▶ Boat Charters																				
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used. ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																				
16 To whom are most of the products or services sold? Please check one box. <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A																				
17a Has the applicant ever applied for an employer identification number for this or any other business? ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.																				
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ Corporate Yacht Management Trade name ▶																				
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN 07/01/1999 Hollywood, FL 65-0930687																				
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code) (954) 962-5900 Fax telephone number (include area code) 954 733-9261																				
Name and title (Please type or print clearly.) Ben I Farbstein President																				
Signature ▶  Date ▶ June 20/02																				
Please leave blank ▶																				
Note: Do not write below this line. For official use only.																				
Geo.	Ind.	Class																		
Size	Reason for applying																			

Received: 6/20/02 3:28PM; 954 733 9261 -> LAW OFFICE OF BEN I FARBSTEIN; Page 3
Sent By: Kofsky, Coury & Associates, PA; 954 733 9261; Jun-20-02 3:29PM; Page 3/3

Form 2848 (Rev. 12-97) Corporate Yacht & Fishing, Inc

Page 2

7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2 unless you check one or more of the boxes below.

- a If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box ☐
- b If you also want the second representative listed to receive a copy of such notices and communications, check this box ☐
- c If you do not want any notices or communications sent to your representative(s), check this box ☐

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

Signature

Date

President

Title (if applicable)

Ben I. Farbstein

Print Name

Signature

Date

Title (if applicable)

Print Name

Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - Attorney-a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - Certified Public Accountant-duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - Enrolled Agent-enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - Officer-a bona fide officer of the taxpayer's organization.
 - Full-Time Employee-a full-time employee of the taxpayer.
 - Family Member-a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - Enrolled Actuary-enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
 - Unenrolled Return Preparer-an unenrolled return preparer under section 10.7(c)(viii) of Treasury Department Circular No. 230.

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.

Designation -Insert above letter (a-h)	Jurisdiction (state) or Enrollment Card No.	Signature	Date
b	33790		