

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90313 024 ***150.00

DOCUMENT # P00000027219

1. Entity Name

CORPORATE YACHT & FISHING, INC.



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
3111 Stirling Road,

3. Mailing Address
3111 Stirling Road

Suite, Apt. #, etc.
Suite 307

Suite, Apt. #, etc.
Suite 307

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number **61-1417400**

Applied For
Not Applicable

Zip Country
33312 USA

Zip Country
33312 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARBSTEIN, BEN I ESQ.
3109 STIRLING ROAD #101
FORT LAUDERDALE FL 33312**

Name
Ben I. Farbstein, ESQ
Street Address (P.O. Box Number is Not Acceptable)
3111 Stirling Road
Suite 307
City
Ft. Lauderdale **FL** Zip Code
33312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

4/17/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **FARBSTEIN, BEN I**
CITY-ST-ZIP **3109 STIRLING ROAD #101
FORT LAUDERDALE FL 33312**

TITLE ☒ Change ☐ Addition
NAME **Ben I. Farbstein**
STREET ADDRESS **3111 Stirling Road, Suite 307**
CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date

Daytime Phone #

0342868 AV

12/01/03 10:00 AM