

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000035891**

1. Entity Name

1604 YACHT CLUB, INC.

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

05-14-2001 90246 041 ***150.00

A0065759

2. Principal Place of Business 100 JEFFERSON AVE Suite, Apt. #, etc. 10001		3. Mailing Address 100 JEFFERSON AVE Suite, Apt. #, etc. 10001		DO NOT WRITE IN THIS SPACE	
City & State MIAMI BEACH FL		City & State MIAMI BEACH, FL		4. FEI Number 65-1012230	
Zip 33139		Zip 33139		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 4/23/01
Signature: **MORRIS KAHN** (NOTE: Registered Agent signature required when reinstating) DATE

9. The corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See chart on back)	FILE NOW!! FEE IS \$150.00 May 14, 2001 8:00 am Check Payable to Department of State	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 checked="" 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 KAHN, MORRIS	<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)(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 of this report, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Morris Kahn Morris Kahn 4/23/01**