

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061359

1. Entity Name
YACHTEZ.COM INC.

Principal Place of Business
P.O. BOX 51699
LIGHTHOUSE POINT FL 33074-1699

Mailing Address
P.O. BOX 51699
LIGHTHOUSE POINT FL 33074-1699

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
65-1029631

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GIANASSI, MARK
701 S.E. 21ST STREET
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name Mark Gianassi
Street Address (P.O. Box Number is Not Acceptable)
814 SW 2nd Court
City Fort 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIANASSI, MARK P.O. BOX 51699 LIGHTHOUSE POINT FL 33074-1699	<input type="checkbox"/> Delete
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12.

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mark Gianassi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 954-767-8855
Date Daytime Phone #

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90192 011 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)