

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90003 018 ***150.00

DOCUMENT # P00000061359

1. Entity Name
YACHTTEZ.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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2019 SW 20th St
 Suite, Apt. #, etc.
 SUITE 210**

3. Mailing Address

**2019 SW 20th St
 Suite, Apt. #, etc.
 SUITE 210**

City & State
FL. LAUDERDALE, FL

Zip Country
33315 USA

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FL. LAUDERDALE, FL

Zip Country
33315 USA

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
 814 SW 2ND COURT
 FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name **MARK GIANASSI**
 Street Address (P.O. Box Number is Not Acceptable)
2019 SW 20th St #210
 City **FL. LAUDERDALE** FL Zip Code **33315**

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 **MARK GIANASSI** DATE **4/20/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **MARK GIANASSI** DATE **4/20/02** DAYTIME PHONE # **954-767-8855**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)