Sep 19, 2

| ILI | ED | | |
|------------|------|------|---|
| 200 | | | |
| ary | of S | Stat | e |

| 1. Entity Name YACHT GROUP, INC. | | | | | Secretary of State 09-19-2001 90162 023 ***550.00 | | | | | |
|--|---|---------------------------------|-----------------------|---|---|------------------------------------|-------------------------------------|----------------------------------|---------------------------|----------------|
| 12995 KEYSTO | rincipal Place of Business Mailing Address 2995 KEYSTONE TERRACE 12995 KEYSTONE TERRACE ORTH MIAMI FL 33181 NORTH MIAMI FL 33181 | | | | | | | | | |
| Principal Place of Business 3. Mailing Address | | | | | i ilbijas i bil ab ib) l | | I VIU R IIIII I ure o | 171 00 1181 1 00 1 | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | DO | NOT WRITE IN THIS | SPACE | | | |
| City & State | ty & State City & State | | | | 4. | FEI Number 05-1033 | 206 | | plied For t Applicable |] |
| Zip | Country | _ Zip | Count | try | | Certificate of Status | | \$8.75 Add | | |
| | 6. Name and Address of Current F | Registered Agent | | | 7. | Name and Address | of New Registered | Agent | | 1 |
| | | | | Name | | | | | | |
| STEVENSON, MICHAEL 12995 KEYSTONE TERRACE | | | Street Add | eet Address (P.O. Box Number is Not Acceptable) | | - | | | | |
| NORTH M | IAMI FL 33181 | | | | | | | | | 1 |
| 5 | | | City | | | FL | Zip Code |) | | |
| 8. The above | named entity submits this statement for | the purpose of changing its re | gistere | ed office or r | egistered a | gent, or both, in the | State of Florida. | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent as | ad title if applicable /NOTE: R | legistere | i Agent signature | arequired when | reinstating | DATE | | | |
| | Signature, typed or printed harre or registered agent a | | | | | Terrisianing) | DATE | | | ł |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FILE NOW!! FILE | | 2001 ! | Fee will be | \$750.00 | 10. Election Car Trust Fund (| npaign Financing Contribution. | | May Be to Fees | | |
| 11. | OFFICERS AND D | | 12. | , | | DDITIONS/CHANGE | S TO OFFICERS AND | DIRECTORS | SIN 11 | 1 |
| TITLE | | Surer Delete | TITLE | | _ | ident | | Change | Addition | <u></u> |
| NAME STREET ADDRESS | Maurice Beebs | | NAMI | | Mich | der E. St. | eveuson Ne Terd | | | CR2E034 (5/01) |
| CITY-ST-ZIP | No. Miami, FI | 33181 | | -ST-ZIP | No. M | | 133181 | | | RZEO |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | . Delete | | | | secretaria aele. Ste skeysto | Deuson Se Teep | ☐ Change | ☐ Addition | ō |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAMI STRE | - | Mid. | esurer ael & . & 5 Keyst | teneuson one Terr | Change | Addition | |
| TITLE | | ☐ Delete | TITLE | : | 100.1 | 10 Y/11 1 1 - | 1 2 2101 | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAMI STRE | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | | |] |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete . | | | | | | □ Change | ☐ Addition | l L |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME STRE | | | | | ☐ Change | Addition | |

CITY-ST-ZIP

service qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information out at an other statute of the same legal effect as if made under oath; that I am an officer or director ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if like empsyered.

CITY-ST-ZIP

SIGNATURE:

13. I hereby certify that the information supplied with indicated on this report or supplemental reports of the corporation or the receiver of trustee into changed, or on an attachment with an address

2001 UNIFORM BUSINESS REPORT (UBR)