FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 06, 2001 8:00 am Secretary of State DOCUMENT # P00000087074 07-06-2001 90207 033 ***550 00 3501 YACHT CLUB CORPORATION Principal Place of Business Mailing Address HUULIUVAN 2999 N.E. 191ST ST., STE. 900 2999 N.E. 191ST ST., STE. 900 **AVENTURA FL 33180 AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65~1070470 City & State City & State Applied For Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name: SCHIFFMAN, ADAM R Street Address (P.O. Box Number is Not Acceptable) 2999 N.E. 191ST ST., STE. 900 **AVENTURA FL 33180** Zip Code 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00_ -10. Election Campaign Financing -\$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) , 🔲 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITLE ☐ Delete TITLE DOURDIN, EDOUARD NAME NAME STREET ADDRESS STREET ADDRESS 2999 N.E. 191ST ST., STE. 900 City-ST-7/P CITY-ST-7iP **AVENTURA FL 33180 VD** ☐ Delete ☐ Addition ☐ Change TITLE TITLE DOURDIN, MARIE R NAME NAME STREET ADDRESS STREET ADDRESS 2999 N.E. 191ST ST., STE. 900 CITY-ST-ZIP _CITY-ST-ZIP AVENTURA FL 33180 ---☐ Delete ☐ Addition DOURDIN, FRANK NAME NAME STREET ADDRESS 2999 N.E. 191ST ST., STE. 900 STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP **AVENTURA FL 33180** TITLE ☐ Delete Change Addition DOURDIN, HUGHES NAME NAME STREET ADDRESS 2999 N.E. 191ST ST., STE. 900 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 if

SIGNATURE:

OFFICER OR DIRECTOR