


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90179 021 ***150.00

DOCUMENT # P00000087074

1. Entity Name
3501 YACHT CLUB CORPORATION



Principal Place of Business
**2999 N.E. 191ST ST., STE. 900
AVENTURA FL 33180**

Mailing Address
**2999 N.E. 191ST ST., STE. 900
AVENTURA FL 33180**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SCHIFFMAN, ADAM R
2999 N.E. 191ST ST., STE. 900
AVENTURA FL 33180**

4. FEI Number **65-1070470**

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

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

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOURDIN, EDOUARD	
STREET ADDRESS	2999 N.E. 191ST ST., STE. 900	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOURDIN, MARIE R	
STREET ADDRESS	2999 N.E. 191ST ST., STE. 900	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOURDIN, FRANK	
STREET ADDRESS	2999 N.E. 191ST ST., STE. 900	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOURDIN, HUGHES	
STREET ADDRESS	2999 N.E. 191ST ST., STE. 900	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DOURDIN EDOUARD** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **15/06/03** Daytime Phone #

CR2E034 (10/02)