

Sent By: PETER A VERNACI CPA;

408 371 7277;

Apr-1

FILED

May 30, 2002 8:00 am
Secretary of State

05-09-2002 90037 010 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000028044**

1. Entity Name

U.S. YACHTS INTERNATIONAL, INC.

Principal Place of Business

**2200 NW CORPORATE BLVD., SUITE 405
BOCA RATON FL 33431**

Mailing Address

**2200 NW CORPORATE BLVD., SUITE 405
BOCA RATON FL 33431**

88170



DO NOT WRITE IN THIS SPACE

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

94-2906751

Applied For

Not Applicable

6. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIJN, TOM VAN

**2200 NW CORPORATE BLVD., SUITE 405
BOCA RATON FL 33431**

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.

SIGNATURE

Signature, typed or printed name of registered agent and file # (if applicable)

(NOTE: Registered Agent Signature Required when reissuing)

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
As of 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 **D**
NAME **RIJN, TOM**
STREET ADDRESS **2200 NW CORPORATE BLVD., SUITE 405**
CITY-ST-ZIP **BOCA RATON FL 33431**

☐ Delete

TITLE **D**
NAME **RIJN, KARIN VAN**
STREET ADDRESS **2200 NW CORPORATE BLVD., SUITE 405**
CITY-ST-ZIP **BOCA RATON FL 33431**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **Van Rijn, Tom**
STREET ADDRESS **2200 NW Corporate Blvd. Suite 405**
CITY-ST-ZIP **Boca Raton, FL 33431**

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 887, Florida Statutes, and that my name appears in Block 11 or Block 12 or changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR