

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000034753

1. Entity Name

GLOBAL YACHT MANAGEMENT, INC.

Principal Place of Business

1814 E. OAKLAND PARK, #81
FT. LAUDERDALE FL 33306

Mailing Address

1814 E. OAKLAND PARK, #81
FT. LAUDERDALE FL 33306

2. Principal Place of Business

2601 NE 14 ST

3. Mailing Address

2601 NE 14 ST

Suite, Apt. #, etc.

144

Suite, Apt. #, etc.

144

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

65-1093740

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABELLA, RAFAEL

1814 E. OAKLAND PARK, #81
FT. LAUDERDALE FL 33306

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
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 D
NAME ABELLA, RAFAEL
STREET ADDRESS 1814 E. OAKLAND PARK, #81
CITY-ST-ZIP FT. LAUDERDALE FL 33306 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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, which is other than empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.12.2002

Date

954-648 4690

Daytime Phone #

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90361 033 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)