

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 24 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **P01000062104**

1. Entity Name

BEAR'S BOAT CHARTERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3100 S. Dixie Hwy

3. Mailing Address

3100 S. Dixie Hwy

Suite Apt. #, etc.

4th Floor

Suite Apt. #, etc.

4th Floor

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1114865

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required****33133**

Country

USA**33133**

Country

USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **John Steele, Jr.**

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

3138 Commodore PlazaSuite **7**City **Coconut Grove**

FL

Zip Code

33133DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this document 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, if applicable,

the CEO, President or Agent, sign on separate sheet(s) when recording.

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 15, 2002
After May 15, Fee is \$500.00
A corporation filing this report
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 **Pres, Treasurer, Secretary and Director**
NAME **John L. Steele, Jr.**
STREET ADDRESS **3100 S. Dixie Hwy, 4th FL**
CITY-STATE-ZIP **MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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******558.75 ****558.75**

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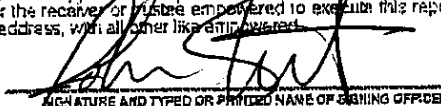
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter E07, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like entities.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President**5/23/02****305-441-9445**

Date

Daytime Phone