

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90354 041 ***158.75

DOCUMENT # 701000077964

1. Entity Name

MIGUE YACHT, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

61 Edgewater Dr

3. Mailing Address

2660 Peachtree Rd

Suite, Apt. #, etc.

Unit # 3

Suite, Apt. #, etc.

16-B

City & State

CORAL GABLES, FL

City & State

ATLANTA, GA

Zip

33133

Country

U.S.A

Zip

30305

Country

U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

MARK A. JACOBS

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

777 Brickell Ave # 780

City

MIAMI

FL

Zip Code

33131

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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. / Sec. / Director
NAME ROBERT H COORDS
STREET ADDRESS 2660 Peachtree Rd
CITY - ST - ZIP ATLANTA, GA. 30305

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert H Coords

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

4/24/02

Date

404-724-3600

Daytime Phone #

CR2E034B (12/01)