2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State DOCUMENT # P01000120313 1. Entity Name 05-02-2002 90087 041 ***158.75 LEGEND YACHTS OF AMERICA, INC. Principal Place of Business Mailing Address 1040 BAYVIEW DR., #600 1040 BAYVIEW DR., #600 FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address 2851 Cypress Creek Road 2851 Cypress Creek Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 04-3621623 City & State Applied For Ft. Lauderdale, FL Ft. Lauderdale, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33309 33309 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASORIA, S.M. III, ESQ Street Address (P.O. Box Number is Not Acceptable) 1040 BAYVIEW DR., #600 FT. LAUDERDALE FL 33304 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Pres./Director TITLE **X**Change ☐ Addition CR2E034 (9/01 NAME CASORIA, S.M. III,ESQ NAME Richard R. Cappadona STREET ADDRESS 1040 BAYVIEW DR., #600 STREET ADDRESS 2851 Cypress Creek Road CITY-ST-ZIP FT. LAUDERDALE FL 33304 CITY-ST-ZIP Ft. Lauderdale, FL 33309 TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

IRECTOR Cappalona 4/16/02 SIGNATURE:

with an address, with all other like empowered.