

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91416 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>PD2000081803</u>	
1. Entity Name <u>SEVENSTAR YACHT TRANSPORT, INC.</u>	

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11040333

2. Principal Place of Business <u>2019 SW 20th Street</u>	3. Mailing Address <u>2019 SW 20th Street</u>
Suite, Apt. #, etc. <u>Ste 210</u>	Suite, Apt. #, etc. <u>Ste 210</u>
City & State <u>Ft. Lauderdale, FL</u>	City & State <u>Ft. Lauderdale FL</u>
Zip <u>33315</u>	Zip <u>33315</u>
Country <u>USA</u>	Country <u>USA</u>

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4. FEI Number <u>01-0660080</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent	
Name <u>Lane, Hans</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>14411 Commerce Way, Ste 410</u>	
City <u>Miami Lakes</u>	FL Zip Code <u>33016</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P</u> <u>KOOLHOF, KEES</u> <u>2019 SW 20th Street, Ste 210</u> <u>Ft. Lauderdale, FL 33315</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(l), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 30-04-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #