

FILED
Aug 07, 2003 8:00 am
Secretary of State

04-11-2003 90207 035 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000133927

1. Entity Name
CORSAGLIA YACHTS, CORP.



Principal Place of Business
2050 NW 93 RD. AVE.
MIAMI FL 33172

Mailing Address
2050 NW 93 RD. AVE.
MIAMI FL 33172

55053617

2. Principal Place of Business

4457 NW 7th St.
Suite, Apt. #, etc.

3. Mailing Address

4457 NW 7th St.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

PLANTATION (FL)

City & State

PLANTATION (FL)

4. FEI Number

57-1179684

Applied For

Not Applicable

Zip 33324

Country USA

Zip 33324

Country USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARUSO, ENRIQUE
2050 NW 93 RD. AVE
MIAMI FL 33172

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/S
NAME CARUSO, ALEJANDRO
STREET ADDRESS 2050 NW 93 RD. AVE
CITY-ST-ZIP MIAMI FL 33172

TITLE VP/T
NAME CARUSO, ENRIQUE
STREET ADDRESS 2050 NW 93 RD. AVE
CITY-ST-ZIP MIAMI FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/03

Date

(239) 596-0148

Daytime Phone #

CR2E034 (10/02)