FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am Secretary of State DOCUMENT # P93000029792 1. Entity Name PIRATES COVE YACHT BASIN, INC. 04-29-2002 90037 033 ***150.00 Principal Place of Business Mailing Address 4307 S.E. BAYVIEW ST. 4307 SE BAYVIEW STREET STUART FL 34997 STUART FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0410856 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOPELOWITZ, HARVEY Street Address (P.O. Box Number is Not Acceptable) 7251 WEST PALMETTO PARK ROAD., #301 **BOCA RATON FL 33433** City Zip Code Fl 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. विष्युर का अधिकार SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete ☐ Change Addition CONNOLLY, MICHAEL J NAME NAME C/O ISC MARINE GROUP, RT 139, P.O. BOX 338 STREET ADDRESS STREET ADDRESS **GREEN HARBOR MA 02041** CITY-ST-ZIP CITY-ST-ZIP PRESIDENT TITLE Change Addition TITLE IIJIMA HIDETAKA NAME SUNAMURA, YASUHIDE NAME 155 N. HARBOR DRIVE, APTIGIT STREET ADDRESS SANPHO TRADING 169-1 STREET ADDRESS CHICAGO, ILL CITY-ST-ZIP. YOKOHAMA JA CITY-ST-ZIP 60601 VICE PRESIDENT TITLE TITLE ☐ Change Addition Addition NAME GUERTIN, GARY W NAME YOSHIO HAITORI 1-8-5 KAMICHUJYO STREET ADDRESS 1166 S E ST LUCIE BLVD STREET ADDRESS CITY-ST-ZIP IBARAKI , OSAKA, JAPAN STUART FL CITY-ST-ZIP TITLE **VS** ☐ Delete ☐ Change ☐ Addition NAME **GUERTIN, GARY** NAME STREET ADORESS 4276 SE PALMETTO ST. STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME AKIRA, YAMAMOTO NAME STREET ADDRESS 666 FIFTH AVE - 35TH FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK NY CITY-ST-7IP TREASURER TITLE TITLE Change ☐ Delete Addition SHARON SURRARRER -LENINER 4048 N CLARK ST. SURRARRER, SHARON NAME NAME STREET ADDRESS C/O CLARIDGE HOTEL, 1244 N DEARBORN PKWY STREET ADDRESS CHICAGO, 12 60613 CITY-ST-7/P CHICAGO IL 60610 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 this exemption as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment withen andress, with all other like expowered.

SIGNATURE:

TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR