

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000042637

1. Entity Name

YACHT SERVICE PROFESSIONALS, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90143 050 ***150.00

0501506

Principal Place of Business

3601 M.W. S RIVER DR
TRAVAH LIFT YARD
MIAMI FL 33142
US

Mailing Address

P.O. BOX 331931
MIAMI FL 33233-1931
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0421601

Applied For

Not Applicable

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

VAN DER VEEN, JAMES R
3400 PAN AMERICAN DR
COCONUT GROVE FL 33133

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.

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.) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS VAN DER VEEN, JAMES R
CITY-ST-ZIP P.O. BOX 331931 NA
COCONUT GROVE FL 33233-1931

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS WOODWARD, JOHN
CITY-ST-ZIP P.O. BOX 331931 NA
COCONUT GROVE FL 33233-1931

TITLE ☒ Change ☐ Addition
NAME Director
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME V
STREET ADDRESS LOHR, ROM
CITY-ST-ZIP P.O. BOX 331931 NA
COCONUT GROVE FL 33233-1931

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS MQQUICKLIN, RICK
CITY-ST-ZIP P.O. BOX 331931 NA
COCONUT GROVE FL 33233-1931

TITLE ☒ Change ☐ Addition
NAME Director
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ~~Director~~
STREET ADDRESS ~~Raphael Terra~~
CITY-ST-ZIP ~~P.O. Box 331931~~
~~Coconut Grove, FL 33233~~

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Raphael Terra
CITY-ST-ZIP P.O. Box 331931
Coconut Grove, FL 33233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Jerry Fitch (D)
STREET ADDRESS P.O. Box 331931
CITY-ST-ZIP Coconut Grove, FL 33233

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

SIGNATURE: JR Van der Veen James R. Van der Veen 1/20/01 305 332 8304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)