

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90983 029 ***150.00

DOCUMENT # P93000056592

1. Entity Name
YACHT - CO. OF MIAMI, INC.



Principal Place of Business
**3663 SW 8TH ST
THIRD FLOOR
MIAMI FL 33135**

Mailing Address
**3663 SW 8TH ST
THIRD FLOOR
MIAMI FL 33135**

11022172



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-0057347**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**TORRES DE NAVARRA, CARLOS
3663 SW 8TH ST
THIRD FLOOR
MIAMI FL 33135**

Name
FELIPE A. VALLS
Street Address (P.O. Box Number is Not Acceptable)
**3663 S.W. 8TH STREET
THIRD FLOOR**
City **MIAMI** FL Zip Code **33135**

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 and name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **VALLS, FELIPE A**
STREET ADDRESS **3663 SW 8TH ST THIRD FLOOR**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **SEC** ☐ Delete
NAME **VALLS, FELIPE A**
STREET ADDRESS **3663 SW 8TH ST THIRD FLOOR**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
NAME **SEC**
STREET ADDRESS **DE LA FE, ERNESTO**
CITY-ST-ZIP **8150 S.W. 52nd AVE
MIAMI, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 OF FELIPE A. VALLS

3/28/2003

305-4464916

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)