## 2000 UNIFORM BUSINESS REPORT (UBR)

-KINATURE:

## Jan 18, 2000 8:00 am Secretary of State OCUMENT # P9300063340 GDB YACHTS, INC. 01-18-2000 90152 040 \*\*\*150.00 Mailing Address rincipal Place of Business YACHT CLUB DR 3640 YACHT CLUB DR DOODELVA STE 1601 AVENTURA FL 33180-3573 FL 33180 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0439365 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DE BATTISTI, ARCELIA Street Address (P.O. Box Number is Not Acceptable) 3640 YACHT CLUB DR #1601 **MIAMI FL 33180** Zip Code City FL 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. watufiE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS CR2E034 (9/99) ☐ Change Addition TITLE ☐ Delete DE BATTISTI, GIANCARLO NAME STREET ADDRESS ... ADMITTE 3640 YACHT CLUB DR #1601 CITY-ST-ZIP ST ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE DE BATTISTI, ARCELIA NAME 3640 YACHT CLUB DR #1601 STREET ADDRESS CITY-ST-ZIP ST-ZIP MIAMI FL Addition Change ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST ZIF Addition ☐ Delete Change STREET ADDRESS CITY-ST-ZIP ST ZIP Addition ☐ Delete ☐ Change STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE STREET ADDRESS CITY-ST-ZIP 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.

FILED