

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90095 021 \*\*\*150.00

0228347

**DOCUMENT # P93000063340**

1. Entity Name  
**GDB YACHTS, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>3640 YACHT CLUB DR<br/>         STE 1601<br/>         AVENTURA FL 33180<br/>         US</b> | Mailing Address<br><b>3640 YACHT CLUB DR<br/>         STE 1601<br/>         AVENTURA FL 33180<br/>         US</b> |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|              |              |                                 |                               |
|--------------|--------------|---------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number <b>65-0439365</b> | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                             | Country                       |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DE BATTISTI, ARCELIA  
 3640 YACHT CLUB DR #1601  
 MIAMI FL 33180**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. 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

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | PT                              | <input type="checkbox"/> Delete |
| NAME           | <b>DE BATTISTI, GIANCARLO</b>   |                                 |
| STREET ADDRESS | <b>3640 YACHT CLUB DR #1601</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                 |                                 |
| TITLE          | VS                              | <input type="checkbox"/> Delete |
| NAME           | <b>DE BATTISTI, ARCELIA</b>     |                                 |
| STREET ADDRESS | <b>3640 YACHT CLUB DR #1601</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| NAME           |                                 |                                 |
| STREET ADDRESS |                                 |                                 |
| CITY-ST-ZIP    |                                 |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| 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 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:** *GIANCARLO DE BATTISTI*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/12/01** Daytime Phone #: **(305) 936 9214**

CR2E034 (10/00)