## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State P95000033199 DOCUMENT # 1. Entity Name 05-06-2002 90173 014 \*\*\*150.00 BLUEWATER CHARTERS, INC. Principal Place of Business Mailing Address 2601 S. BAYSHORE DR., #1225 2601 S. BAYSHORE DR., #1225 COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 US 2. Principal Place of Business 3. Mailing Address 9155 S. Dadeland Blvd. 9155 S. Dadeland Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Penthouse I, Suite 1712 Penthouse I, Suite 1712 Applied For City & State **Miami, FL** City & State Miami, FL 4. FEI Number 65-0574209 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33156-2742 **USA** 33156-2742 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FLICK, JEFFREY B Street Address (P.O. Box Number is Not Acceptable) 9155 S. Dadeland Blvd. 2601 S. BAYSHORE DR., #1225 **COCONUT GROVE FL 33133** Pénthouse I, Suite 1712 City **Miami** 33156-2742 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) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Delete TITLE FLICK, JEFFREY B NAME NAME 6320 SW 110 ST. 9155 S. Dadeland Blvd., PH-I, Suite 1712 STREET ADDRESS STREET ADDRESS MIAMI FL 33156 Miami, FL CITY-ST-ZIP CITY-ST-ZIP 33156-2742 K Change ☐ Delete TITLE SANDRA A FLICK NAME NAME 9155 S. Dadeland Blvd., PH-I, Suite 1712 6320 SW 110 ST. STREET ADDRESS STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIP Miami, FL 33156-2742 ☐ Change . Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

REJeffreyEB. Flick SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President 04/24/2002 Date

305-671-7777

Daytime Phone #