2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000037811 Apr 14, 2001 8:00 am Secretary of State F/S YACHTS, INC. 04-14-2001 90044 032 ***150.00 Principal Place of Business Mailing Address 3015 N. OCEAN BLVD. 3015 N. OCEAN BLVD. SUITE 109A SUITE 109A FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 65-0582574 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SARDINIA, KATRINE Street Address (P.O. Box Number is Not Acceptable) 3015 N. OCEAN BLVD. SUITE 109A FT. LAUDERDALE FL 33308 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 12. 11. SAKBINIA, KATEINE Change ☐ Addition ☐ Delete TITLE TITLE SARDINIA, KATRINE NAME 3015 N. OLEAN BLUD: 109-A 3015 N. OCEAN BLVD., SUITE 109A STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL. 33308 FT. LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE Delete SARDINIA, FRANK SARDINIA, FRANK NAME NAME 3015 NOCEANBLUD, 109-A 3015 N OCEAN BLVD STE 109 A STREET ADDRESS STREET ADDRESS FT LAUDERDALE, EL 33308 FT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP Addition --- --- Defete ---TITLE . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition □ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS 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

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