2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGN

FILED DOCUMENT # P9500056210 Jul 26, 2000 8:00 am 1. Entity Name DOLPHIN YACHTS SALES, INC. **Secretary of State** 07-26-2000 90012 018 ***550.00 Principal Place of Business Mailing Address 321 ROYAL POINCINA PLAZA, SOUTH 321 ROYAL POINCINA PLAZA, SOUTH PALM BEACH FL 33480 PALM BEACH FL 33480 3. Mailing Address 2. Principal Place of Business c/o Stuart J. Haft Suite, Apt. #, etc. 321 Royal Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>Poinciana Plaza, South</u> Applied For City & State Palm Beach, Florida City & State 4. FEI Number 65-0593423 Not Applicable Żip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33480-0431 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAYES, WARREN D SR. Street Address (P.O. Box Number is Not Acceptable) 321 ROYAL POINCINA PLAZA, SOUTH PALM BEACH FL 33480 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. FILE NOW!!! FEE IS \$550.00 9. 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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. 12. D ☐ Addition ☐ Change TITLE ☐ Delete TITLE DREMAN, DAVID H NAME NAME 10 EXCHANGE PLACE STE 2101 STREET ADDRESS STREET ADDRESS CITY-ST-7IP JERSEY CITY NJ 07302 CITY-ST-7(P **☆** Change ☐ Addition Delete TITLE TITE F Rapayy, William G 10 Exchange Place STE 2101 MELLIDES, GEORGE A NAME STREET ADDRESS STREET ADDRESS 10 EXCHANGE PLACE STE 2101 CITY-ST-ZIP CITY-ST-ZIP JERSEY CITY NJ 07302 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition TITLE ☐ Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE 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)(1). 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.