2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000071497 May 04, 2000 8:00 am Secretary of State OCEAN MARINE YACHT CLUB, INC. 05-04-2000 90120 018 ***150.00 Principal Place of Business Mailing Address 1945 S OCEAN DR P.O. BOX 415638 MIAMI BEACH FL 33141-7638 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0608073 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **NESTOR, BRENDA** Street Address (P.O. Box Number is Not Acceptable) 6917 COLLINS AVE. MIAMI BEACH FL 33141 City 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) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE Secretary/Treasurer NAME LAUNER, BLANCHE S NAME STREET ADDRESS STREET ADDRESS 6917 COLLINS AVE CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33141 ☐ Change Addition TITLE TITLE Detete NAME NAME WEYCHERT, DAVID STREET ADDRESS STREET ADDRESS 6917 COLLINS AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 Addition Change ☐ Delete **PC00** TITLE EVP/COO/Vice Chairman NESTOR, BRENDA NAME NAME STREET ADDRESS STREET ADDRESS 6917 COLLINS AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 Change . Addition ☐ Delete TITLE TITLE Chairman/CEO/President NAME NAME POSNER, VICTOR STREET ADDRESS STREET ADDRESS 6917 COLLINS AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 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)(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:

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR
Blanche Launer

4/28/00

(305) 886-7272

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Daytime Phone #