FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

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## Apr 22, 2003 8:00 am Secretary of State DOCUMENT # P96000035323 04-22-2003 90073 004 \*\*\*150.00 1. Entity Name CORPORATE YACHT MANAGEMENT, INC. Principal Place of Business Mailing Address ~~~4/ 4731 N 35TH ST 4731 N 35TH ST HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address 3111 Stirling Road 3111 Stirling Road Suite, Apt. #, etc. Suite, Apt. #, etc. XX CHECK HERE IF MAKING CHANGES Suite 307 Suite 307 Applied For City & State City & State 65-0930687 Not Applicable Lauderdale Lauderdale, Country \$8.75 Additional 5. Certificate of Status Desired 33312 USA Fee Required 33312 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ben I. Farbstein, ESQ **BEN I FARBSTEIN ESQ** Street Address (P.O. Box Number is Not Acceptable) 3109 STIRLING RD #101 3111 Stirling Road, Suite 307 FT LAUDERDALE FL 33312 Lauderdale 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. I am familiar with, and accept the obligations of registered agent. 4/17/03 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) TITLE **PSTA** X Change ☐ Addition ☐ Delete TITLE **PSTA** NAME FARBSTEIN, DIANE NAME Diane Farbstein -STREET ADDRESS 4731 N 35TH ST STREET ADDRESS 3111 Stirling Road, Suite 307 CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP Ft. Lauderdale, FL\_33312 TITLE ☐ Delete 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 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify if for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director port as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Thereby certify that the information supplies with this many and accurate and the indicated on this report or supplemental report is true and accurate and the of the corporation or the receiver or trustee empowered to execute this rechanged, or on an attachment with an address, with all other like empower.