

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90010 022 ***150.00

011020



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000076824

1. Entity Name
GLOBAL YACHT FUEL, INC.

Principal Place of Business 412 SE 17TH STREET FT LAUDERDALE FL 33316	Mailing Address 412 SE 17TH STREET FT LAUDERDALE FL 33316
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2. Principal Place of Business 2550 EISENHOWER BLVD Suite, Apt. #, etc. 308	3. Mailing Address P.O. BOX 22637 Suite, Apt. #, etc.
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City & State FT. LAUDERDALE FL	City & State FT LAUDERDALE FL
Zip 33316 Country USA	Zip 33335 Country USA

4. FEI Number 65-0778573	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MANTO, SALVATORE 412 SE 17TH STREET FT LAUDERDALE FL 33316	7. Name and Address of New Registered Agent - Name SALVATORE MANTO Street Address (P.O. Box Number is Not Acceptable) 2550 EISENHOWER BLVD, SUITE 308 City FT. LAUDERDALE FL Zip Code 33316
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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 *Salvatore Manto* **Pres.** 1-4-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANTO, SALVATORE 5820 NE 19TH AVENUE FT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANTO, CAROLE W 5920 NE 19TH AVENUE FT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Salvatore Manto* **Pres** 1-4-01 954-462-6050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)