## 2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)								FILED					
DOCUMENT # P97000101576  1. Entity Name							Feb 26, 2001 8:00 am Secretary of State						0089537
AXIS GROUP	YACHT DESIG	N, INC.							6-2001 905	•			
Principal Place of B	Business		Mailing Add	ress									
1000 Parkview Drive Suite 117 Hallandale FL 33009			1000 PARKVIEW DRIVE SUITE 117 HALLANDALE FL 33009				626827						
2. Principal Place of Business P. G. BOX 11323			3. Mailing Address										
Suite, Apt. #, etc. FT. LAUDEROALE, FL			Suite, Apt. #, etc. FT. LAUDERDALE, FL				<u> </u> 	ĐC	NOT WRITE I	N THIS \$PAC	CE		
City & State	bervice , i	<u> </u>	City & Stat		srice j i		<b>4.</b> F	El Number 65	-0798659	<del></del>		olied For Applicable	}
zip 3 3 3 3 3 9	Country		Zip 333	39	Country		5. 0	Certificate of Status	s Desired		75 Addi	tional	
	Name and Address	of Current Rec	istered Age	ent	Nam	ne i		ame and Addres		istered Ager	nt		]
	ROLI, GISELLA				Stree	et Address (	P.O. B	CioB.O_ ox Number is Not	Acceptable)				
SUITE 117	The state of the s					2259	7 3	DISCOUERY	CIRCI	EW.			
HALLAND	ALE FL 33009				City	DEER	2F1	ELD BE	NCH	FL	Zip Code 334	142	
8. The above name	ed entity submits this s	`			_								]
SIGNATURE	are, typed or printed name of	<u> </u>		O BOOK	Registered Agent si	ignature required	when re	instating)	FEB.2	9,100	)		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After MAY-1, 2001  Make Check Payable					FEE IS \$1:	50.00 e \$550.00		10. Election Ca	mpaign Financ	cing		May Be to Fees	
11.		CERS AND DIR		meck rayable	12.	Tent of Star		DITIONS/CHANG	ES TO OFFICE	RS AND DIR	ECTORS	IN 11	
	ZZO, HORACIO O PARKVIEW DRIVE	E SUITE 117		□ Delete	TITLE NAME STREET ADDRE	βο2 SS (). O	T 220	HORAC	3		Change	Addition	CR2E034 (10/00)
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CITY-ST-ZIP TITLE				Delete	CITY-ST-ZIP	<del>-</del> -		<del></del>			Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP		I			NAME STREET ADDRE CITY-ST-ZIP	ss							
indicated on this of the corporation	that the information s is report or suppleme on or the receiver or an attachment with a	ntal report is true rustee empowe	e and accura red to execu	ate and that my te this report as	signature sha	all have the s	same li	egal effect as if m	ade under oatl	n; that I am a	n officer (	or director	 
SIGNATUR	E:	160	AÚD	80270	Albrews			FEB	20,200				
	SIGNATURE AN	TYPED OR PRINT	EU NAME OF SI	UNING OFFICER OR	DIRECTOR			Date	;	Daytime	Phone #		l