

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90048 019 ***150.00

DOCUMENT # P98000002114

1. Entity Name

MPM INTERNATIONAL YACHT MANAGEMENT, INC.

Principal Place of Business

950 COLORADO AVE
#28A
STUART FL 34994

Mailing Address

17 ROSE DR
FT LAUDERDALE FL 33316

2. Principal Place of Business

950 S KANNER HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

28A

City & State

STUART, FL

Zip

34994

Country

USA

Zip

Country

4. FEI Number 65-0803404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEIGHAN, MICHAEL
950 COLORADO AVE, #28A
STUART FL 34996

Name DEIGHAN, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)

950, S. KANNER HWY

28A

City STUART

FL

Zip Code 34994

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

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME DEIGHAN, MICHAEL
STREET ADDRESS 950 COLORADO AVE #28A
CITY-ST-ZIP STUART FL 34996

TITLE D
NAME DEIGHAN, MICHAEL
STREET ADDRESS 950 S. KANNER HWY # 28A
CITY-ST-ZIP STUART, FL, 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-215-01

Date

561-781-5613

Daytime Phone #

CR2E034 (10/00)