

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011974

1. Entity Name

SAILING RESOURCES, INC.

FILED

Apr 11, 2000 8:00 am  
Secretary of State

04-11-2000 90019 020 \*\*\*158.75

Principal Place of Business

13840 OLD CUTLER ROAD  
MIAMI FL 33158  
US

Mailing Address

13840 OLD CUTLER ROAD  
MIAMI FL 33156-3901  
US

2. Principal Place of Business

6530 SW 54<sup>th</sup> Lane

3. Mailing Address

6530 SW 54<sup>th</sup> Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. FEI Number

65-0810400

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

LOGAN, KIMBERLY  
13840 OLD CUTLER ROAD  
MIAMI FL 33158

Name

KIMBERLY LOGAN

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

6530 SW 54<sup>th</sup> Lane

City

Miami,

FL

Zip Code

33155

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 KIMBERLY LOGAN President

*Kimberly Logan*

4/3/00

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, 2000 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	<input type="checkbox"/> Delete
NAME	GOCHBERG, JOHN R	
STREET ADDRESS	13840 OLD CUTLER ROAD	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOGAN, KIMBERLY	
STREET ADDRESS	13840 OLD CUTLER ROAD	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gochberg, John R	
STREET ADDRESS	11000 SW 67 <sup>th</sup> Ave.	
CITY-ST-ZIP	Miami, FL. 33155	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, KIMBERLY	
STREET ADDRESS	11000 SW 67 <sup>th</sup> Ave.	
CITY-ST-ZIP	Miami, FL. 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Kimberly Logan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2000

Date

(305)666-6771

Daytime Phone #

CR2E034 (9/99)