

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90409 023 \*\*\*150.00

**DOCUMENT # P98000028841**

1. Entity Name

**SOUTHSHORE YACHTS, INC.**

Principal Place of Business

**3111 N. OCEAN DR., #603**  
**HOLLYWOOD FL 33019**

Mailing Address

**3111 N. OCEAN DR., #603**  
**HOLLYWOOD FL 33019**

**800660743**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3111 N. OCEAN DR.**

3. Mailing Address

**3111 N. OCEAN DR., #1008**

Suite, Apt. #, etc.

**#1008**

Suite, Apt. #, etc.

**#1008**

City & State

**Hollywood, FL**

City & State

**Hollywood**

4. FEI Number

**65-0828172**

Applied For

Not Applicable

Zip

**33019**

Country

**USA**

Zip

**FL**

Country

**U.S.A.**

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

**MASTRO, DARREN**

**3111 N. OCEAN DR., #603**

**HOLLYWOOD FL 33019**

Name

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

City

**FL**

Zip Code

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

**4-2-02**

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MASTRO, DARREN</b>	
STREET ADDRESS	<b>3111 N. OCEAN DR., #603</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASTRO, DARREN</b>	
STREET ADDRESS	<b>3111 N. OCEAN DR., #1008</b>	
CITY-ST-ZIP	<b>Hollywood FL 33019</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-2-02**

Date

**854-980-4422**

Daytime Phone #

CR2E034 (9/01)