

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000029287

1. Entity Name

CONQUEST YACHT, INC.

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90353 026 ***150.00

B0126206

Principal Place of Business Mailing Address
1650 NW 23RD AVE BAY C **1650 NW 23RD AVE BAY C**
FT. LAUDERDALE, FL 33311 **FT. LAUDERDALE, FL 33311**

2. Principal Place of Business 3. Mailing Address
201 SE 11th Street **201 SE 11th Street**
Suite Apt. #, etc. Suite. Apt. #, etc.
City & State City & State
POMPANO BEACH, FL 33060 **POMPANO BEACH, FL**
Zip Country Zip Country
33060 **33060**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0831546 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
BAPTISTA, RICARDO V. Name: **BAPTISTA, RICARDO V.**
1650 NW 23RD AVE BAY C Street Address (P.O. Box Number is Not Acceptable)
FORT LAUDERDALE FL 33011 **201 SE 11th Street**
City City FL Zip Code
POMPANO BEACH **33060**

8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:  DATE: **04/24/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW! FEE IS \$150.00**
(See criteria on back) **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	PSTD	<input type="checkbox"/> Delete		TITLE	PSTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAPTISTA, RICARDO V			NAME	BAPTISTA, RICARDO V.		
STREET ADDRESS	1650 NW 23RD AVE BAY C			STREET ADDRESS	201 SE 11th Street		
CITY-ST-ZIP	FORT LAUDERDALE FL 33011			CITY-ST-ZIP	POMPANO BEACH, FL 33060		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment and address with all other like empowered.

SIGNATURE:  DATE: **04/24/02** (954) 785-0659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #