2003 FOR PROFIT CORPORATION

ONIFORM BUSINESS REPURT (UBR)												
DOCUMENT # P98000036388 1. Entity Name HIDDEN HARBOUR MARINA, INC. SANS MARINA, INC. WIC 1/15/03									FIL SECRETARY DIVISION OF C 03 JAN 15			£
Principal Place of Business 2315 NE 15TH ST POMPANO BCH FL 33062 US				Mailing Address 2315 NE 15TH ST POMPANO BCH FL 33062 US					hind secon bearing			
2. Principal F 3208	Place of Busin	OTH STREET		3. Mailing Address 3208 W.E. 1074 STREET					1 1004/4004 318 98104 10111 00114 00121 00211 01			181 (B)) 1881
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Pompano Beach, FL				POMPANO BEACH			_	4. F	El Number 65-0833096			olied For Applicable
3306	52	Country BROWARD	33 33	3062	BR	try OWAA	9	5. (Certificate of Status Desired	\$8.75 Fee Re	Addi	tional
	6. Name	and Address of Current	Registere	ad Agent				7. N	lame and Address of New Register	ed Agent		
Name												
WOLLAND, FRANK 12865 W. DIXIE HIGHWAY NORTH MIAM) FL 33161							reet Address (P.O. Box Number is Not Acceptable)					
NORTH	IIAWI FL 33	101				City				Zip	Code	
 The above named entity submits this statement for the purpose of changing its registered office or registere the obligations of registered agent. 										- I	with, a	nd accept
ŭ	ū	3										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Financing Trust Fund Contribution.			May Be to Fees
10.		OFFICERS AND	DIRECTO	L ∤RS	11.			AD	DITIONS/CHANGES TO OFFICERS A	AND DIREC	TORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERKE, BI 188 W. RA CHICAGO	ENITTA ANDOLPH ST., STE 918		☐ Delete	TITLE NAME STREE					☐ Cha		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2315 NE 1	KY, STEVEN R 15TH ST) BCH FL 33062				VS DOBI 320 Pom	VS DOBROFSKY, STEVEN R, 3208 N.E 10TH STREET POMPANO BEACH, FL 33062				Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Char	ige	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					1 - 4-4-3-	☐ Char	ıge	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

954-782-7849