

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000063785**1. Entity Name
PEER GYNT YACHTS, INC.

Principal Place of Business

1650 S.E. 17TH STREET
SUITE 310
FORT LAUDERDALE
33316

FL

Mailing Address

1650 S.E. 17TH STREET
SUITE 310
FORT LAUDERDALE
33316

FL

2. Principal Place of Business

7500 NW 25TH ST

3. Mailing Address

7500 NW 25TH ST

Suite, Apt. #, etc.

SUITE 209

Suite, Apt. #, etc.

SUITE 209

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33122

Country

Zip

33122

Country

4. FEI Number

65-0850580

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FARMONT INGO
1650 S.E. 17TH STREET
SUITE 310
FORT LAUDERDALE
33316

FL

7. Name and Address of New Registered Agent

Name

FARMONT INGO

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

7500 NW 25TH ST

SUITE 209

City
MIAMI

FL

Zip Code
33122

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)

04/30/2001

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

| | | |
|----------------|----------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FARMONT INGO | |
| STREET ADDRESS | 1650 S.E. 17TH STREET, SUITE 310 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33316 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SEATON STEVE | |
| STREET ADDRESS | 1650 S.E. 17TH STREET, SUITE 310 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33316 | |
| 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 | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FARMONT INGO | |
| STREET ADDRESS | 7500 NW 25TH ST, STE 209 | |
| CITY-ST-ZIP | MIAMI FL 33122 | |
| 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 | | |
| 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: INGO FARMONT

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)