

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90011 011 ***550.00

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 AV

DOCUMENT # P98000068798			
1. Entity Name INTERNATIONAL YACHT SALES BROKERAGE & CHARTER, Inc.			
Principal Place of Business 2170 SE 17TH ST FORT LAUDERDALE FL 33316		Mailing Address 2170 SE 17TH ST FORT LAUDERDALE FL 33316	
2. Principal Place of Business 1250 North Federal Hwy		3. Mailing Address 1250 North Federal Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach		City & State Pompano Beach	
Zip 33062	Country Broward	Zip 33062	Country Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0855997		Applied For <input type="checkbox"/> Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent WARNER, EVA LOUISE 2170 SOUTHEAST 17 ST FORT LAUDERDALE FL 33316									
7. Name and Address of New Registered Agent <table border="1"> <tr> <td colspan="2">Name Warner, Eva Louise</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 2937 Via Napoli</td> </tr> <tr> <td>City Deerfield Beach</td> <td>Zip Code FL 33442</td> </tr> </table>				Name Warner, Eva Louise		Street Address (P.O. Box Number is Not Acceptable) 2937 Via Napoli		City Deerfield Beach	Zip Code FL 33442
Name Warner, Eva Louise									
Street Address (P.O. Box Number is Not Acceptable) 2937 Via Napoli									
City Deerfield Beach	Zip Code FL 33442								

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MOGFORD, MICHAEL 2937 VIA NAPOLI VILLE D'ESTE DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WARNER, EVA L 2937 VIA NAPPLE DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Eva Louise Warner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/01 **954-941-7272**
 Date Daytime Phone #

CR2E034 (5/01)