

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90052 045 ***150.00

DOCUMENT # P99000013410

1. Entity Name

INTERNATIONAL YACHT BROKERS USA, INC.

Principal Place of Business

**100 N. BISCAYNE BLVD., STE. 2600
MIAMI FL 33132**

Mailing Address

**100 N. BISCAYNE BLVD., STE. 2600
MIAMI FL 33132**

2. Principal Place of Business

3. Mailing Address

21 SE 1 AVE

21 SE 1 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10th FLOOR

10th Floor

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33131

DADE

33131

DADE

4. FEI Number

65-1044582

Applied For

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

HART, DAVID J

**100 N. BISCAYNE BLVD., STE. 2600
MIAMI FL 33132**

Name

DAVID J. HART

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

21 SE 1 AVE

10th FLOOR

City

MIAMI

FL

Zip Code

33131

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) ☐

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 ☐ Delete
NAME **D**
STREET ADDRESS **SCHOEMAN, ERIC**
CITY-ST-ZIP **35 SAUER ST., 6TH FLOOR
JOHANNESBURG, SOUTH AFRICA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02

Date

805 577 9977

Daytime Phone #

CR2E034 (9/01)