

FILED
Jul 10, 2001 8:00 am
Secretary of State

06-20-2001 90015 040 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033516

1. Entity Name
STERLING Yacht + Ship Builders Inc.

Principal Place of Business
Fort Lauderdale
Florida

Mailing Address
2565 NE 26th Terrace

2. Principal Place of Business
Fort Lauderdale

3. Mailing Address
2565 NE 26th Terrace

Suite, Apt. #, etc.

City & State

Zip

Country

4. FBI Number
65-0912978

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

50282
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Steven Levin

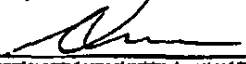
Street Address (P.O. Box Number is Not Acceptable)
2565 NE 26th Terrace

City
Fort Lauderdale

FL

Zip Code
33305

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  04-28-01

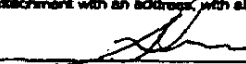
Signature, typed or printed name of registered agent and date if applicable. (NOTE: In general Agent signature required when reappointing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Steven Levin 2565 NE 26th Terrace Fort Lauderdale FL 33305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  04-28-01 754-494 8171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR