## 2000 UNIFORM BUSINESS REPORT (UBR) Mar 02, 2000 8:00 am DOCUMENT # P99000038638 **Secretary of State** 1. Entity Name 03-02-2000 90037 014 \*\*\*150.00 BELLAIR WATERSPORT INC. Mailing Address Principal Place of Business 2606 N.OCEAN DRIVE 2606 N. OCEAN DRIVE HOLLYWOOD, FL.33019 HOLLYWOOD, FL 33019 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 65-0918300 \$8.75 Additional Country 5. Certificate of Status Desired Zıp Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALZON ROBERT Street Address (P.O. Box Number is Not Acceptable) 2606 N. OCEAN DRIVE HOLLYWOOD, FL 33019 Zip Code FŁ City 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. DATE ·SIGNATURÉ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Added to Fees After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Tax laing requirement and elects to do so Make Check Payable to Department of State (Sée criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE ☐ Delete TITLE NAME ALZON ROBERT STREET ADDRESS STREET ADDRESS 2606 N. OCEAN DR. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33019 Addition Change □ Delete TIGHT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLÉ NAME DAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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 emowered 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 all address, with all other like empowered.

Robert ALZON