

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047480

1. Entity Name

RJA YACHT MANAGEMENT SERVICES, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90038 040 ***150.00

Principal Place of Business

Mailing Address

C/O ACCOUNTING & BUSINESS CONSULTANTS, INC
17 ROSE DRIVE
FORT LAUDERDALE FL 33316

C/O ACCOUNTING & BUSINESS CONSULTANTS, INC
17 ROSE DRIVE
FORT LAUDERDALE FL 33316-1041

2. Principal Place of Business

19000 Bob-O-Link Drive

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5511

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Light House Point, FL

4. FEI Number

65-0922218

Applied For

Not Applicable

Zip

33015

Country

Zip

33074

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACKERMAN, RICHARD
19000 BOB-O-LINK DRIVE
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name
ACKERMAN, RICHARD
Street Address (P.O. Box Number is Not Acceptable)
1200 Hibiscus Ave
City
Pompano Beach FL Zip Code
33062

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 Richard Ackerman

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-2-2000

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, 2000 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 | ACKERMAN, RICHARD | |
| STREET ADDRESS | 19000 BOB-O-LINK DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33015 | |
| 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 | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ACKERMAN, RICHARD | |
| STREET ADDRESS | P.O. Box 5511 | |
| CITY-ST-ZIP | Light House Point, FL 33074 | |
| 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: Richard Ackerman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-2000

Date

Daytime Phone #

CR2E034 (9/99)