

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State

0105552

DOCUMENT # P99000052053

1. Entity Name
SHARK CHARTERS, INC.

01-18-2001 90006 018 ***150.00

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|---|--|
| Principal Place of Business 10800 COLLINS AVENUE MIAMI BEACH FL 33154 | Mailing Address 5641 LINCOLN STREET HOLLYWOOD FL 33021 |
|---|--|

603707



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 10800 COLLINS AVE | 3. Mailing Address 5641 LINCOLN ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---------------------------------------|---|------------------------------------|-------------------------------|
| City & State Miami Beach FL | City & State Hollywood FL 33021 | 4. FEI Number 65-0923479 | Applied For Not Applicable |
| Zip 33154 | Zip 33021 | Country DADE | Country Broward |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent KUHN, ROGER K 10800 COLLINS AVENUE MIAMI BEACH FL 33154 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|---|--|
| 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 \$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. <input type="checkbox"/> \$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 | D KUHN, ROGER K 10800 COLLINS AVENUE MIAMI BEACH FL 33154 | 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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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 *Roger K Kuhn* **JAN 7, 2001** **305-949-2948**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)