## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Feb 01, 2001 8:00 am DOCUMENT # P99000065567 **Secretary of State** 1. Entity Name BOAT FAIR, INC. 02-01-2001 90054 048 \*\*\*150.00 Mailing Address Principal Place of Business 500 EAST BROWARD BLVD., SUITE 1950 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE FL 33394 FORT LAUDERDALE FL 33394 2. Principal Place of Business 3. Mailing Address 1350 NE 56 Street 1350 NE 56 Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 200 Suite 200 Applied For City & State Fort Lauderdale, FL City & State 4. FEI Number 65-0935866 Fort Lauderdale, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33334-6108 Fee Required USA-33334-6108 \*USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent John E. Abdo BOYLE, CONRAD ESQ Street Address (P.O. Box Number is Not Acceptable) 114-N-105500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE FL 33394 1350 NE 56 St., Suite 200 Fort <u>Lauderdale</u> istered office or registered agent, or both, in the State of Florida 8. The above n JOHN SIGNATURE TE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing equirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **VP** X Delete TITLE ನ್ನಿ ಪಡಿಸಿಕ ☐ Change Addition TITI F NAME HOCHMAN, JASON NAME STREET ADDRESS STREET ADDRESS 9741 NW 7TH CIR #515 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Change Addition ☐ Delete TITLE Director TITLE NAME John E. Abdo MAME STREET ADDRESS STREET ADDRESS 1350 NE 56 St., Suite 200 CITY-ST-ZIP CITY-ST-ZIP Fort-Lauderdalé, FL 33334-6108 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify for the \*kemption 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 argusture 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/emp wered 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 or powered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DELIRECTO

John E. Abdo 1/24/01 954-491-2191

ite Daytime Phone #