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2000 UNIFORM BUSINESS REPORT (UBR)

Mar 02, 2000 8:00 am DOCUMENT # P/99000087886 **Secretary of State** 03-02-2000 90037 039 ***150.00 ATLANTIS WATERSPORT USA, 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 65-0952804 Not Applicable \$8.75 Additional Country Zip _Zip____ Country_ 5. Certificate of Status Desired Fee Required -- -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SWIDURSKI RADOSLAW ADRIAN BUSER Street Address (P.O. Box Number is Not Acceptable) 2606 N. OCEAN DRIVE HOLLYWOOD, FL 33019 410 N. OCEAN DRIVE HOLLYWOOD 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 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 After MAY 1, 2000 Fee will be \$550.00 Added to Fees Tak tung requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State Seé criteria on back). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ■ Addition Change THE Delete TaTu5 NAME LAME BUSER ADRIAN STREET ADDRESS STREET ADDRESS 2606 N. OCEAN DRIVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33019 Charige Addition | TITLE ☐ Detete TitleF NAME NAME SWIDURSKI RADOSLAW STREET ADDRESS STREET ADDRESS 2606 N. OCEAN DRIVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD. ☐ Addition Change ☐ Delete TITLE TiTLE HAHAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-2iP ☐ Addition Change TITLE ☐ Delete bile NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Addition Change ☐ Delete عاراضا STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP Aggition ☐ Change ☐ Detete TITLE TITLE NAME 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 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

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or the corporation of the receiver of Frustee employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address with all other like empowered.