## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P99000091168 1. Entity Name 2104 YACHT CLUB CORPORATION

Principal Place of Business 00 NE 4040Y OTDEET OUT Mailing Address



AVENTURA FL 33180		2999 NE 19151 STREET SUITE 900 AVENTURA FL 33180					15.50
2. Principal Place of Business		3. Mailing Address			4 10071986 150 10119 (8511 96117 88111 96115 )	10116 10181 11601 1161	B BILBY HOW LOSE
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Sta	ate City & State		, <u> </u>	4.	FEI Number <b>65-0952879</b>		Applied For
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ac	dditional
	6. Name and Address of Current I	Registered Agent		7.	Name and Address of New Registe		
SCHIFFMAN, ADAM R							
2999 NE	Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
	A FL 33180		<u> </u>			<del></del>	
			City			FL Zip Coo	de
8. The above	e named entity submits this statement for	the purpose of changing its	registered office or reg	intered a	_		
	and a state of the	the purpose of changing its i	registered office of reg	istered a	igent, or both, in the State of Florida.		
SIGNATURE							1
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signature re	quired when	reinstating) DA	TE	
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!!	! FEE IS \$150.00		10. Election Campaign Financing	<b>6</b> E 4	00
	requirement and elects to do so.	After May 1, 200 Make Check Payabl	2 Fee will be \$550.0	00 Stata	Trust Fund Contribution.		00 May Be d to Fees
11.	OFFICERS AND E		12.		DOITIONS (CHANGES TO OFFICERS	AUD DIDEOTOS	10.11
TITLE	DPST	□ Delete	TITLE		DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR  Change	
NAME	BIOUSSE, LAURENT CIANNINA NAME					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	CIMITZEDI AND						
	SWITZERLAND		CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME			NAME			onange	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				•
		<del></del>	CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE			· 🔲 Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS		•		
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	,	□ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME			Change	LI AUGILION
STREET ADDRESS			STREET ADDRESS				1
CITY-ST-ZIP			CITY-ST-ZIP				ĺ
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME			•	
STREET ADDRESS CITY-ST-7IP			STREET ADDRESS				

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 except 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 addition of the proposered.

SIGNATURE:

Date

Daytime Phone #