2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all

Jun 09, 2000 8:00 am Secretary of State DOCUMENT # **P99000093969** CARIBBEAN YACHTS INTERNATIONAL CO. 06-09-2000 90012 046 ***150.00 Mailing Address Principal Place of Business 1535 SOUTHEAST 17TH STREET 1535 SOUTHEAST 17TH STREET **SUITE 123 SUITE 123** FORT LAUDERADLE FL 33316-1737 FORT LAUDERADLE FL 33316 2. Principal Place of Business 3. Mailing Address ABOVE SAMF DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied För 🗢 -- City & State City & State 4. FEI Number 65-0956706 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 8. The above named entity submits this statement for the purpose of changing its registered office or 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD ☐ Addition TITLE TITLE ☐ Delete COOK, ARTHUR NAME STREET ADDRESS 1535 SOUTHEAST 17TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERADLE FL 33316 ☐ Change ☐ Addition Delete TITLE TITLE. COOK, BILLIE NAME NAME STREET ADDRESS 1535 SOUTHEAST 17TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERADLE FL 33316 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

NTED NAME OF SIGNING OFFICER OR DIRECTOR