

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V14205

1. Entity Name

GLOBAL YACHTS INTERNATIONAL, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90024 014 ***150.00

Principal Place of Business

Mailing Address

555 N.E. 15TH STREET
 #104
 MIAMI FL 33132

555 N.E. 15TH STREET
 #104
 MIAMI FL 33132-1455



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

555 NE 15 Street

3. Mailing Address

Suite, Apt. #, etc.

CU10

Suite, Apt. #, etc.

"SAME"

City & State

Miami, Florida

City & State

4. FEI Number

65-0330060

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERTON, GERALD
 555 N.E. 15TH STREET, #104
 MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

Berton, Gerald

Street Address (P.O. Box Number is Not Acceptable)

555 NE 15 Street

CU10

City

Miami

FL

Zip Code

33132

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

[Handwritten Signature]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/24/00
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: P Delete
 NAME: BERTON, GERALD
 STREET ADDRESS: 555 N.E. 15TH STREET, #104
 CITY-ST-ZIP: MIAMI FL 33132

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

Date

305 371 262

Daytime Phone #