

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V19403**

1. Entity Name

Caliari Super Yacht, Inc.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 27 PM 1:13

Principal Place of Business Mailing Address
2533 NE 35th Drive 2533 NE 35th Drive
Ft. Lauderdale, Fl. 33308 Ft. Lauderdale, Fl 33308

2. Principal Place of Business 3. Mailing Address
2533 NE 35th Dr. 2533 NE 35th Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Ft. Lauderdale, FL Ft. Lauderdale, FL 650320104 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
33308 USA 33308 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Douglas Jovanovic, P.A. Name
17 SE 24th Avenue Street Address (P.O. Box Number is Not Acceptable)
Pompano Beach, Fl. 33062 City FL Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Check Payable to Department of State 10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Paolo Caliari 2533 NE 35th Dr. Ft. Lauderdale, Fl. 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST Desiree Bayaro-Caliari 3533 NE 35th Dr Ft. Lauderdale, Fl. 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700004627297--0 -10/08/01--01078--007 *****550.00 *****550.00
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)