

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90159 016 \*\*\*150.00

**DOCUMENT # V19403**

1. Entity Name

**CALIARI SUPER YACHT, INC.**



Principal Place of Business

**2533 N.E. 35TH DR  
FT LAUDERDALE FL 33308  
US**

Mailing Address

**2533 N.E. 35TH DR  
FT LAUDERDALE FL 33308  
US**

2. Principal Place of Business

**7800 W. OAKLAND PARK BLVD.  
Suite, Apt. #, etc.  
G-121**

3. Mailing Address

**7800 W OAKLAND PARK BLVD.  
Suite, Apt. #, etc.  
G-121**

City & State  
**SUNRISE, FL 33351**

City & State  
**SUNRISE, FLORIDA**

4. FEI Number  
**65-0320104**

Applied For  
Not Applicable

Zip  
**33351**

Country  
**USA**

Zip  
**33351**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOVANOVIC, DOUGLAS PA  
17 SE 24TH AVENUE  
POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CALIARI, PAOLO  
2533 N.E. 35TH DR  
FT LAUDERDALE FL 33308** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPST  
BAVARO-CALIARI, DESIREE  
2533 N.E. 35TH DR  
FT LAUDERDALE FL 33308** ☐ Delete

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

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**DESIREE BAVARO CALIARI 2/26/03 954-744-8802**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)