

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90632 032 \*\*\*150.00

**DOCUMENT #** P99000098636

1. Entity Name

1507 YACHT CLUB CORPORATION

Principal Place of Business	Mailing Address
75 VALENCIA AVENUE 4TH FLOOR CORAL GABLES, FL 33134	75 VALENCIA AVENUE 4TH FLOOR CORAL GABLES, FL 33134

2. Principal Place of Business SAME AS ABOVE	3. Mailing Address SAME AS ABOVE
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 52-2208842	Applied For Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

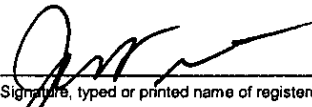
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAM R. SCHIFFMAN  
2999 NE 191ST STREET, SUITE 900  
AVENTURA, FL 33180

Name  
**JORGE GURIAN**  
Street Address (P.O. Box Number is Not Acceptable)  
75 VALENCIA AVENUE, 4TH FLOOR  
City  
CORAL GABLES FL Zip Code  
33134

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  **JORGE GURIAN** 4/30/01  
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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEYTRIGNET, GERARD GUIDO 2652, PISO 2 1425 BUENOS AIRES, ARGENTINA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GURIAN, JORGE 75 VALENCIA AVENUE, 4TH FL CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEYTRIGNET, MARIA INES GUIDO 2652, PISO 2 1425 BUENOS AIRES, ARGENTINA <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **CARLOS VILLANUEVA** 4/30/01 305-377-0812  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #