

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90027 035 \*\*\*\*61.25

**DOCUMENT # 729992**

1. Entity Name

**MARINA DEL MAR, INC.**

Principal Place of Business

1500-1510 SE 15 STREET  
 FORT LAUDERDALE FL 33316

Mailing Address

% PHOENIX MGMT  
 541 SOUTH ST ROAD 4 #12  
 MARGATE FL 33068  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1593404**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHOENIX MANAGEMENT SERVICES**  
**541 S STATE RD #7**  
**SUITE #12**  
**MARGATE FL 33068**

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.

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IRONS, BLAKE</b>	NAME	
STREET ADDRESS	<b>1500 SE 15 ST 11</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33316</b>	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, MARGET</b>	NAME	
STREET ADDRESS	<b>1500 SE 15 ST 305</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33316</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUTHRIE, MICHAEL</b>	NAME	
STREET ADDRESS	<b>1510 SE 15 ST 108</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33316</b>	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RINDONE, DIANNE</b>	NAME	
STREET ADDRESS	<b>1510 SE 15TH ST 310</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33316</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAIRD, VERONICA</b>	NAME	
STREET ADDRESS	<b>1510 SE 15TH ST 204</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33316</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 617, 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: \_\_\_\_\_

*XSP* \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01-14-00*

Date

Daytime Phone #

CR2E037 (9/99)