

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**  
 05-14-2001 90039 043 \*\*\*\*61.25

0081546

**DOCUMENT # 729992**

1. Entity Name

**MARINA DEL MAR, INC.**

Principal Place of Business

Mailing Address

**1500-1510 SE 15 STREET  
 FORT LAUDERDALE FL 33316**

**% 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

Zip

Country

Zip

Country

4. FEI Number

**59-1593404**

Applied For

☒ Not Applicable

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P  
 IRONS, BLAKE  
 1500 SE 15 ST 11  
 FT LAUDERDALE FL 33316** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP  
 MOORE, MARGET  
 1500 SE 15 ST 305  
 FT LAUDERDALE FL 33316** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 WHEELER, WARREN  
 1510 SE 15 ST #303  
 FORT LAUDERDALE FL 33316** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD  
 GUTHRIE, MICHAEL  
 1510 SE 15 ST 108  
 FT LAUDERDALE FL 33316** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VPD  
 MONTEIRO, PEDRO  
 1500 SE 15 ST #315  
 FORT LAUDERDALE FL 33316** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD  
 RINDONE, DIANNE  
 1510 SE 15TH ST 310  
 FT LAUDERDALE FL 33316** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD  
 COLBERT, PETER  
 1510 SE 15 ST #302  
 FORT LAUDERDALE FL 33316** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 BAIRD, VERONICA  
 1510 SE 15TH ST 204  
 FT LAUDERDALE FL 33316** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 MURPHY, PAUL  
 1510 SE 15 ST #301  
 FORT LAUDERDALE FL 33316** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ 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 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)