2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
02-24-2002 90046 017 ****61.25

DOCUMENT # 731206

1. Entity Name

DADE MARINE INSTITUTE, INC.

Principal Place of Business	Mailing Address
1820 ARTHUR LAMB JR. RD. KEY BISCAYNE FL 33149	ASSOCIATED MARINE INSTITUTES 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634

23339

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Miami, Fl.	1820 Arthur Lamb Jr. Rd
Suite, Apt. #, etc.: 1820 Arthur Lamb Jr. Rd	Suite, Apt. #, etc.:
City & State: Miami, Fl.	City & State: Miami, Fl.
Zip: 33149 Country: Dade	Zip: 33149 Country: Dade

4. FEI Number: 59-1561549 ☐ 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
HULL, DAVID J 225 WATER STREET, STE. 1800 JACKSONVILLE FL 32202	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	TS BABCOCK, MARY 6805 RIVIERA DRIVE CORAL GABLES FL 33146	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BAKETT, HONORABLE ROSE 99 N E 4TH ST, #1223 MIAMI FL 33132	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE/DIRECTOR DE ARMAS, MARIO 200 S. BISCAYNE BLVD., SUITE 1900 MIAMI, FL 33131 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee BEFELER, HENRY 2 ALHAMBRA PLAZA, #2 MIAMI FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BLOOMBERG, MITCHELL R 2601 S BAYSHORE DR, STE 1600 MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE/DIRECTOR ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C CATANACH, JEFFREY D 701 BRICKELL AVENUE, 1ST FLOOR MIAMI FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE/DIRECTOR QUINLIN, SHEILA 1000 VENETIAN WAY, #506 MIAMI, FL 32313 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CORRENTI, RICHARD 3000 NE 145TH STREET NORTH MIAMI FL 33181	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE OB STANDER 5915 BENJAMIN CENTER DR. TAMPA, FL 33634 ☐ Change ☒ Addition

CR2E037 (9/01)

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 OB STANDER 1/9/02 (813)887-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #