

# 2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H34771

1. Entity Name

USA MARITIME ENTERPRISES, INC.

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90017 008 \*\*\*150.00

Principal Place of Business

1800 SOUTHEAST 25TH AVENUE  
FT. LAUDERDALE FL 33316

Mailing Address

1800 SOUTHEAST 25TH AVENUE  
FT. LAUDERDALE FL 33316

2. Principal Place of Business

1424 S.E. 15TH ST #55

Suite, Apt. #, etc.

FT LAUDERDALE FL 33316

City & State

3. Mailing Address

1424 S.E. 15TH ST

Suite, Apt. #, etc.

APT #55

City & State  
FT LAUDERDALE FL

Zip

Country

Zip

33316

Country

4. FEI Number 59-2484558

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

Name

D'HERCKERS, PHILEMON

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

1424 S.E. 15TH ST APT#55

City

FT LAUDERDALE

FL

Zip Code

33316

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

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  
PST  
D'HERCKERS, PHILEMON  
1800 SE 25TH AVE.  
FT. LAUDERDALE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
D'HERCKERS, PHILEMON  
1424 SE 15TH ST #55  
Fort Lauderdale, Florida 33316 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philemon D'Herckers

4/11/2001

Date

(954) 764-8360

Daytime Phone #

CR2E034 (10/00)