

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**  
 03-29-2001 91027 038 \*\*\*158.75

0105410

**DOCUMENT # J78594**

1. Entity Name  
**MARITIME ELECTRIC, INC.**

Principal Place of Business <del>4734 JEFFERSON STREET</del> HOLLYWOOD FL 33021 US	Mailing Address 4747 HOLLYWOOD BLVD. #112 HOLLYWOOD FL 33021 US
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00039113



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4016 ADAMS STREET</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HOLLYWOOD, FL</b>	City & State
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4. FEI Number <b>65-0002636</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

Zip <b>33021</b>	Country <b>USA</b>	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**SOUTHEAST ACCOUNTING & TAX GROUP INC**  
~~6418 NW 5TH WAY~~  
~~FORT LAUDERDALE FL 33309~~

7. Name and Address of New Registered Agent

Name  
**SOUTHEAST ACCOUNTING & TAX GROUP INC.**

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

**713 E. ATLANTIC BLVD.**

City  
**POMPANO BEACH**

State  
**FL**

Zip Code  
**33060**

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]* **SOUTHEAST ACCOUNTING & TAX GROUP INC** **PETER JACOBSEN** **3/23/01**

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	<b>D RUDNICK, CARL 4734 JEFFERSON STREET HOLLYWOOD FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4016 ADAMS STREET HOLLYWOOD, FL 33021</b>
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
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
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:** *[Signature]* **CARL RUDNICK** **22 MARCH 01** **954 967 8537**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)