2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State
03-22-2002 90051 027 ***150.00

DOCUMENT # **P96000096574**

1. Entity Name
OFFSHORE BUSINESS NEWS & RESEARCH, INC.

Principal Place of Business	Mailing Address
100 N BISCAYNE BLVD.	100 N BISCAYNE BLVD.
SUITE 2600	SUITE 2600
MIAMI FL 33132	MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
21 SE 1st Ave 10th Fl	21 SE 1st Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. 10th Fl
City & State: Miami FL	City & State: Miami Fl
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. FEI Number 65-0711424 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HART, DAVID J
100 N BISCAYNE BLVD.
SUITE 2600
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name: David J. Hart
Street Address (P.O. Box Number is Not Acceptable): 21 SE First Avenue 10th Fl.
City: Miami **FL** Zip Code: 33131

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] DAVID J. HART 03-07-02
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, 2002 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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARCHANT, DAVID		NAME		
STREET ADDRESS	123 SE 3RD AVENUE, #173		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/01)

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] (D. MARCHANT) 3-7-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT