

FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91367 046 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000010582

1. Entity Name  
**FORT LAUDERDALE MARINE CENTER, INC.**



Principal Place of Business  
2001 SW 20TH ST  
FORT LAUDERDALE, FL 33315

Mailing Address  
C/O SELVIN PASSE M.D  
2001 SW 20TH ST  
FORT LAUDERDALE, FL 33315

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-0736302**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURRAY, DAVID G  
321 SE 15TH AVENUE  
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name  
**Murray, David G.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1401 E. Broward Blvd. #200**  
City **Ft. Lauderdale** **FL** Zip Code **33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-11-03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$560.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
PASSEN, SELVIN MD  
2001 SW 20TH ST  
FORT LAUDERDALE, FL 33315

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
PASSEN, MARTIN I MD  
2515 BOSTON ST P5  
BALTIMORE, MD 21224

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
NAOR, DORA R  
10 MANSEL DRIVE  
REISTERTOWN, MD 21136

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
PASSEN, SYLVIA H  
2001 SW 20TH ST  
FORT LAUDERDALE, FL 33315

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/03**

Date

**954-713-0335**

Daytime Phone #

CR2034 (10/02)