

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005176

1. Entity Name

MARITIME COVERAGE CORP.

Principal Place of Business

7841 SOUTHWEST 180TH STREET  
MIAMI FL 33157

Mailing Address

7841 SOUTHWEST 180TH STREET  
MIAMI FL 33157-6216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

223632661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Chris mahlstedt

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

7841 Southwest 180th St

City

miami

FL

Zip Code

33157

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

(Type or print name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

1/31/99  
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, 2000 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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MAHLSTEDT, CHRIS  
CITY-ST-ZIP 7841 SOUTHWEST 180TH STREET  
MIAMI FL 33157

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Christian J. Mahlstedt

Date

1/10/00 305-971-8737

Daytime Phone #

FILED

Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90059 004 \*\*\*155.00

00014797



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)