

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90130 035 ***150.00

DOCUMENT # 176396

1. Entity Name

MARINE EXHIBITION CORPORATION

Principal Place of Business

Mailing Address

3195 PONCE DE LEON BLVD
 C/O MICHAEL S BROWN
 CORAL GABLES FL 33134

3195 PONCE DE LEON BLVD
 C/O MICHAEL S BROWN
 CORAL GABLES FL 33134-6801

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

59-0713782

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL S. BROWN
3195 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DC <input type="checkbox"/> Delete	TITLE	D/C/CEO/ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERTZ, ARTHUR H.	NAME	
STREET ADDRESS	3195 PONCE DE LEON BLVD	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	P/S/COO /D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MICHAEL S.	NAME	
STREET ADDRESS	3195 PONCE DE LEON BLVD	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	SAT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUSE, DAVID	NAME	
STREET ADDRESS	3195 PONCE DE LEON BLVD	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	DF <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, SHERRYL K	NAME	
STREET ADDRESS	3195 PONCE DE LEON BLVD	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	V/Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Ana M. Toledo
STREET ADDRESS		STREET ADDRESS	3195 Ponce de Leon Blvd.
CITY-ST-ZIP		CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

Michael S. Brown
MICHAEL S. BROWN, PRES

3-22-00

Date

(305) 529-1464

Daytime Phone #

CR2E034 (9/99)