

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 301452

1. Entity Name

Flipper Marine Inc.



FILED

04 JUL 22 PM-3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

FLIPPER MARINE INC

3. Mailing Address

10414 NW 27th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI-FLA

City & State

MIAMI-LAKE FL

Zip

33147

Country

USA

Zip

33147

Country

USA

4. FEI Number

59-1195967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Carmine Tino

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

16040 ABERDEEN WAY

City

MIAMI-LAKE

FL

Zip Code

33147

DO NOT WRITE  
IN THIS SPACE

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

Carmine Tino

(NOTE: Registered Agent signature required when reinstating)

DATE

7-14-04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 VP  
NAME ERYRE-CARLOS  
STREET ADDRESS 7869 NW 17th PLACE  
CITY-ST-ZIP PEN BROKE-PINES FL 33124

TITLE ITINO CARMELA  
NAME ITINO CARMELA  
STREET ADDRESS 16040 ABERDEEN WAY  
CITY-ST-ZIP MIAMI-LAKE FL 33140

TITLE ITINO CARMINE  
NAME ITINO CARMINE  
STREET ADDRESS 16040 ABERDEEN WAY  
CITY-ST-ZIP MIAMI-LAKE FL 33147

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

Carmine Tino CARMINE TINO PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7-3-04 Daytime Phone #

CR2E034B (12/02)

FLIPPER MARINE  
ATTN: CARMINE TINO  
10414 NW 27TH AVENUE  
MIAMI, FL. 33147

Request taken by: ncausseaux  
06-29-2004

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

*I sent for copies  
to pay*

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

*address.*

*I never received notice to pay to pay.  
I called up to get form to sign & pay  
\$150 - check my records I always paid*

*Carmine Tino*