

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90382 034 ***150.00

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DOCUMENT # 466565

1. Entity Name
MIAMI MARINE RESEARCH, INC.



Principal Place of Business
**1563 NW 28TH ST
MIAMI FL 33142**

Mailing Address
**1563 NW 28TH ST
MIAMI FL 33142**

2. Principal Place of Business
**1125 48th ST
Suite, Apt. #, etc.
DAY #12**

3. Mailing Address
**3041 Ave 112 Ave
Suite, Apt. #, etc.**

City & State
West Palm Beach, FL

City & State
MIAMI FL

4. FEI Number **59-1567381**

Applied For
Not Applicable

Zip **33407** Country **USA**

Zip **33165** Country **USA**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PEREZ, CARLOS L
1563 NW 28TH ST
MIAMI BEACH FL 33142**

7. Name and Address of New Registered Agent

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

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITILE **T** ☐ Delete
NAME **PEREZ, CLARA**
STREET ADDRESS **3041 SW 112ND AVE.**
CITY-ST-ZIP **MIAMI FL 33165**

TITILE **PS** ☐ Delete
NAME **PEREZ, CARLOS L.**
STREET ADDRESS **3041 S.W. 112 AVENUE**
CITY-ST-ZIP **MIAMI FL 33165**

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
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CITY-ST-ZIP

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 (205) 5340100
Date Daytime Phone #

CR2E034 (10/02)