2003 FOR PROFIT CORPORATION

OBREGON, ODALYS

MIAMI FL 33156

COFFEY, SUSAN

MIAMI FL 33156

9700 S DIXIE HWY, #570

9700 SOUTH DIXIE HIGHWAY #570

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FILED Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** 509313 DOCUMENT # 1. Entity Name 04-28-2003 91356 023 ***150.00 UNITED MARINE, INC. Principal Place of Business Mailing Address 490 N.W. S. RIVER DRIVE 9700 SOUTH DIXIE HIGHWAY #570 MIAMI FL 33156 **MIAMI FL 33128** HS HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 59-1686369 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COLONNA, DAVID W Street Address (P.O. Box Number is Not Acceptable) 9700 SOUTH DIXIE HIGHWAY #570 MIAMI FL 33156 City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Chanoe ☐ Addition ☐ Delete TITLE COLONNA, DAVID W NAME NAME 9700 SOUTH DIXIE HIGHWAY #570 STREET ADDRESS STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIP CITY-ST-ZIP SD Delete TITLE Change ☐ Addition NAME MACY, PATRICIA NAME 9700 SOUTH DIXIE HIGHWAY #570 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP TITLE AS ☐ Delete TITLE - 🗀 Change ☐ Addition

☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 10 or Block 11 in the corporation of 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 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporati

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