

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90028 001 ***150.00

DOCUMENT # 584109

1. Entity Name

MARINE & MERCANTILE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2965 WESTBROOK
 WESTON FL 33332-1842
 US

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 WESTON FL 33332-1842
 US

LU004200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1887783**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIN, RAYMOND F.
16100 NE 16TH AVE, STE B
NORTH MIAMI BEACH, FL. FL 33162

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

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|--|---------------------------------|---------------------------------------|--|
| PSD GAVIRIA, MARCO E 2965 WESTBROOK WESTON FL | <input type="checkbox"/> | | Zip # 33332-1842 |
| VPAS GAVIRIA, JENNIFER M 2965 WESTBROOK WESTON FL | <input type="checkbox"/> | | Zip # 33332-1842 |
| | <input type="checkbox"/> | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

Date

Daytime Phone #

Marco S. Gaviria / **MARCO S. GAVIRIA** / **REST. 4/3/00** / **954 349-7173**