

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 591122

1. Entity Name

INTERNATIONAL MARINE FISHERIES COMPANY

Principal Place of Business

Mailing Address

927 LINCOLN RD.
SUITE 210
MIAMI BEACH FL 33139

927 LINCOLN RD.
SUITE 210
MIAMI BEACH FL 33139

2. Principal Place of Business

2121 Ponce de Leon Blvd

3. Mailing Address

2121 Ponce de Leon Blvd

Suite, Apt. #, etc.
Suite 1000

Suite, Apt. #, etc.
Suite 1000

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

Zip Country
33134 U S A

Zip Country
33134 U S A

4. FEI Number 59-1858620

Applied For
Not Applicable

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

KAUFMAN, DAVID
6360 SW 84TH STREET
SUITE 302
MIAMI FL 33143

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, 2001 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 PD
NAME RACKOWE, ROBIN
STREET ADDRESS 927 LINCOLN RD, STE 210
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE PD
NAME Rackowe, Robin
STREET ADDRESS 2121 Ponce de Leon Blvd Suite 1000
CITY-ST-ZIP COPAL GABLES FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Robin Rackowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 January 2001 305-445-

Date Daytime Phone # 4589

00003881



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)