

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90072 006 ***150.00

DOCUMENT # 622752

1. Entity Name

FANTASTIC MARINE COMPANY, INC.

Principal Place of Business

**3495 S.W. 9TH AVENUE
FT. LAUDERDALE FL 33315**

Mailing Address

**PO BOX 14790
FT. LAUDERDALE FL 33302**

2. Principal Place of Business

3. Mailing Address

3495 SW 9th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ft. Lauderdale, FL 33315

Zip

Country

Zip

Country

4. FEI Number

59-1924439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, ROBERT D.
3495 S.W. 9TH AVENUE
FT. LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent

Name

Blanca Garcia

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

3495 S.W. 9th Avenue

City

Fort Lauderdale, FL 33315 FL

Zip Code

33315

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

X

Blanca Garcia

Blanca Garcia

2-02-01

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WALKER, ROBERT D	
STREET ADDRESS	3495 S.W. 9TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andres Finol	
STREET ADDRESS	3495 SW 9th Avenue	
CITY-ST-ZIP	Ft. Lauderdale, FL 33315	
TITLE	VP S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blanca Garcia	
STREET ADDRESS	3495 SW 9th Avenue	
CITY-ST-ZIP	Ft. Lauderdale, FL 33315	
TITLE	Asst S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Shaw	
STREET ADDRESS	1401 University Drive #301	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Andres Finol

Date

Daytime Phone #

954-359-8067

CR2E034 (10/00)