## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 730236** Feb 13, 2000 08:00 AM 1. Entity Name **Secretary of State** INSTITUTE FOR MARINE SCIENCES, INC. Principal Place of Business Mailing Address 2810 CARLETON ST. C/O 200 SE 18TH CT. SANDIEGO FORT LAUDERDALE FL CA92106 33316 2. Principal Place of Business 3. Mailing Address 2810 CARLETON ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For SAN DIEGO CA 23-7391668 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 92106 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 200 SE 18TH CT. Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE $\mathbf{FL}$ 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. 02/13/2000 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) ญ็หญ่≥าเก็ ก็เรียกได้ FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate TITLE D X Addition NAME NAME MEYER GALE STREET ADDRESS STPEET ADDRESS 708 SW 14TH TERR CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL33312 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME BERNINZON **ESPERONZA** STREET ADDRESS 3900 GAULT OCEAN DR., APT. 305 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE X Change Addition NAME NAME THOMSON JOHN M ROSS JOSHUA STREET ADDRESS 4851 73 ST.; NO. 11 370 MINORCA AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL. 33134 LA MESA CA91941 TITLE ☐ Delete TITLE XI Change ☐ Addition NAME TOBIN MICHAEL BERZINON HECTOR STREET ADDRESS 1099 PONCE DE LEON BLVD. STREET ADDRESS 2160 ROSEWOOD DR. CITY-ST-ZIF CORAL GABLES SAN BRUNO 33134 CITY-ST-ZIP 94066 TITLE ☐ Delete TID F Change ☐ Addition NAME NAR/F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

<sup>12.</sup> 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 617, 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.