

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90249 024 ****61.25

DOCUMENT # 731206

1. Entity Name
DADE MARINE INSTITUTE, INC.



Principal Place of Business

**1820 ARTHUR LAMB JR. RD.
MIAMI FL 33149**

Mailing Address

**1820 ARTHUR LAMB JR. RD.
MIAMI FL 33149**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Associated Marine Institutes

5915 Benjamin Center Dr.

Tampa, FL

33634

US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1561549**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HULL, DAVID J, SMITH, HULSEY & BUSEY
225 WATER STREET, STE. 1800
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **DE ARMAS, MARIO**
STREET ADDRESS **200 S BISCAYNE BLVD, SUITE 1900**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PD** ☒ Delete
NAME **QUINLIN, SHEILA**
STREET ADDRESS **1000 VENETIAN WAY, #506**
CITY-ST-ZIP **MIAMI FL 33139**

TITLE **VD** ☐ Delete
NAME **BLOOMBERG, MITCH**
STREET ADDRESS **2601 S BAYSHORE DR, STE 1600**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **STD** ☐ Delete
NAME **NIEMEIER, MARLENE**
STREET ADDRESS **21665 S. BAYSHORE DR.#1600**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
NAME **FABRICANT, LORETTA**
STREET ADDRESS **100 SE SECOND ST., #3910**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Delete
NAME **ZERPA, JORGE**
STREET ADDRESS **230 WESTWARD DR.**
CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **O.B. Stander**
STREET ADDRESS **5915 Benjamin Center Dr.**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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.

SIGNATURE:

O.B. Stander 1/14/03 (813) 887-3300

CR2E037 (10/02)