2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000668

Country

6. Name and Address of Current Registered Agent

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

1. Entity Name

Suite, Apt. #, etc.

CORRCHIA, STEVEN

FORT LAUDERDALE FL 33315

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

913 SW 17 ST

City & State

Zip

SIGNATURE

BARRETT MARINE, INC.

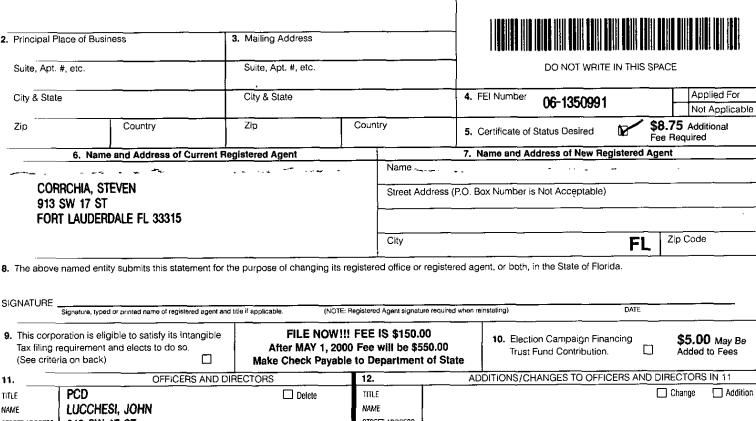
Mailing Address Principal Place of Business 2960 SW 2ND AVE 2960 SW 2ND AVE FORT LAUDERDALE FL 33315-3122 FORT LAUDERDALE FL 33315 3. Mailing Address 2. Principal Place of Business

Suite, Apt. #, etc.

City & State

FILED Feb 15, 2000 8:00 am Secretary of State

02-15-2000 90009 020 ***158.75



(See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11. **PCD** TITLE ☐ Delete TITLE LUCCHESI, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 913 SW 17 ST CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33315 Change ☐ Addition TITLE YEAGER, YICKY NAME NAME STREET ADDRESS STREET ADDRESS 913 SW 17 ST CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

City

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 trusted 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 ac

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #