

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90037 048 \*\*\*158.75

0149696

**DOCUMENT # F94000005415**

1. Entity Name:  
**WEST INDIAN MARINE, INC.**

Principal Place of Business  
**201 S. BISCAYNE BLVD**  
**SUITE 1920**  
**MIAMI FL 33131**

Mailing Address  
**201 S. BISCAYNE BLVD**  
**SUITE 1920**  
**MIAMI FL 33131**

**00033453**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**201 S. Biscayne Blvd**  
 Suite, Apt. #, etc.  
**Suite 3400**

3. Mailing Address  
**201 S. Biscayne Blvd**  
 Suite, Apt. #, etc.  
**Suite 3400**

City & State  
**miami, FL**  
 Zip  
**33131**

Country

4. FEI Number **76-0321272**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FERRELL JR., MILTON M**  
**201 S. BISCAYNE BLVD, STE 1920**  
**MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name  
**Ferrell Schultz Carter Zumpano + Ferkel, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**201 S. Biscayne Blvd**  
**Suite 3400**  
 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 *Mayra C. Castiglione*  
 Signature, type 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  
 NAME **PCD**  
 STREET ADDRESS **FERRELL JR., MILTON M**  
 CITY-ST-ZIP **201 S. BISCAYNE BLVD., STE 1920**  
**MIAMI FL**

☐ Delete

TITLE  
 NAME **ST**  
 STREET ADDRESS **NICHOLLS, GREGG**  
 CITY-ST-ZIP **3300 N UNIVERSITY DR #604**  
**CORAL SPRINGS FL 33065**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
 NAME  
 STREET ADDRESS **201 S. Biscayne Blvd., Suite 3400**  
 CITY-ST-ZIP **miami, FL, 33131**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME **T**  
 STREET ADDRESS **Forshoe, William**  
 CITY-ST-ZIP **220 Miracle Mile, Suite 221**  
**Coral Gables, FL 33134**

☐ Change ☒ Addition

TITLE  
 NAME **S**  
 STREET ADDRESS **Da Castiglione, Mayra C.**  
 CITY-ST-ZIP **201 S. Biscayne Blvd, Suite 3400**  
**miami, FL 33131**

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Mayra C. Castiglione*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/01**  
 Date

**305-371-8585**  
 Daytime Phone #

CR2E034 (10/00)