

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 07

DOCUMENT # H54648

1. Entity Name Modern Discount Marine Inc



FILED

03 OCT 15 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

515 N. US Hwy 1

Suite, Apt. #, etc.

3. Mailing Address

515 N. US Hwy 1

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Fort Pierce FL

City & State  
Fort Pierce, FL

4. FEI Number

59-206898-1

Applied For

Not Applicable

Zip  
34950

Country  
St. Lucie

Zip  
34950

Country  
St. Lucie

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Michael Spadavecchia

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

515 N. US Hwy 1

City  
Fort Pierce, FL

FL

Zip Code  
34950

**DO NOT WRITE  
IN THIS SPACE**

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 *Michael Spadavecchia* Michael Spadavecchia, Pres 10/7/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Michael Spadavecchia President  
3925 SW Rosser Blvd  
Pt. St. Lucie, FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Vice President  
Zouheir Yassine  
1039 Aspri Way  
P. O. Gardens FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Secretary / Treas.  
Anthony Cerrito  
5420 N. Ocean Dr #703  
Singer Island, FL 33404

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE *Michael Spadavecchia* Michael Spadavecchia 10/7/03 772-461-7285  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/16