

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90508 047 ***150.00

DOCUMENT # K08746

1. Entity Name

BIG E MARINE PROPERTIES, INC.

Principal Place of Business

**2890 N.E. 187TH ST.
N. MIAMI BEACH FL 33180**

Mailing Address

**2890 N.E. 187TH ST.
N. MIAMI BEACH FL 33180**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0030533**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITE, H. TAYLOR
EIGHT SOUTHEAST EIGHTH STREET
FT. LAUDERDALE FL 33316**

ADDRESS
CHANGE →

7. Name and Address of New Registered Agent

Name **WHITE, H TAYLOR (SAME)**
Street Address (P.O. Box Number is Not Acceptable)
**1650 NE 26th ST.
SUITE 101**
City **FT. LAUDERDALE** **FL** Zip Code **33305**

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

Signature, typed 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 **P** ☐ Delete
NAME **ELLIS, JOHN M.**
STREET ADDRESS **% 2890 N.E. 187TH ST**
CITY-ST-ZIP **N. MIAMI BCH. FL**

TITLE **V** ☐ Delete
NAME **ELLIS, ROBERT D.**
STREET ADDRESS **% 2890 N.E. 187TH ST**
CITY-ST-ZIP **N. MIAMI BCH FL**

TITLE **D** ☐ Delete
NAME **ELLIS, MARJORIE**
STREET ADDRESS **% 2890 N.E. 187TH ST**
CITY-ST-ZIP **N. MIAMI BCH. FL**

TITLE **D** ☐ Delete
NAME **ELLIS, JANIS G.**
STREET ADDRESS **% 2890 N.E. 187TH ST**
CITY-ST-ZIP **N. MIAMI BCH. FL**

TITLE **D** ☐ Delete
NAME **ELLIS, MARY**
STREET ADDRESS **% 2890 N.E. 187TH ST**
CITY-ST-ZIP **N. MIAMI BCH. FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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:

John Ellis PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-01

305 931 2550

Date

Daytime Phone #

CR2E034 (10/00)