

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

0218086 AV

DOCUMENT # K11836

1. Entity Name
J & R MARINE, INC.

03-03-2002 90103 031 ***158.75

Principal Place of Business
501 NW SOUTH RIVER DR
MIAMI FL 33128

Mailing Address
501 NW SOUTH RIVER DR
MIAMI FL 33128

B0035841



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3260 NE 170 ST

3. Mailing Address
3260 NE 170 ST.

Suite, Apt. #, etc.
North Miami Beach FL

Suite, Apt. #, etc.
North Miami Beach

City & State

City & State
Florida

4. FEI Number **65-0202984**

Applied For
 Not Applicable

Zip
33160

Country

Zip
33160

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALVADOR, JOSE L
501 NW S RIVER DR
MIAMI FL 33128

3260 NE ~~170~~ ST.
170
North Miami Beach, FL 33160

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.

SIGNATURE _____ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SALVADOR, JOSE LUIS 501 NW SOUTH RIVER DR. MIAMI FL 33128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SALVADOR, JOSE LUIS 501 NW SOUTH RIVER DR. MIAMI FL 33128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SALVADOR, ROSA V 501 NW SOUTH RIVER DR. MIAMI FL 33128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SALVADOR, ROSA V 501 NW SOUTH RIVER DR. MIAMI FL 33128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALVADOR, ROBERTO 3260 NE 170 ST North Miami Beach FL. 33160	<input type="checkbox"/> Delete X ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALVADOR, RODOLFO 3260 NE 170 ST North Miami Beach, FLORIDA 33160	<input type="checkbox"/> Delete X ADDITION

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALVADOR, JAMER 3260 NE 170 ST North Miami Beach, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02/20/02** Daytime Phone # **(305) 949-3071**

CR2E034 (9/01)