2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 AM
Secretary of State

DOCUMENT# L00000002736

Entity Name: INTERNATIONAL MARITIME ASSOCIATES L.C.

Current Principal Place of Business:

9 SW 13TH STREET
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

9 SW 13TH STREET
FORT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 65-1022454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, SEAN
9 SW 13TH STREET
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	FARMER, SABRINA B MRS.	
Address:	2721 SW 34TH AVE.	
City-St-Zip:	FT. LAUDERDALE, FL 33312 US	
Title:	MGRM	( ) Delete
Name:	TORTORA, MARK P MR.	
Address:	2780 S. OAKLAND FOREST DR. - SUITE 1603	
City-St-Zip:	OAKLAND PARK, FL 33309 US	
Title:	MGR	( ) Delete
Name:	FARMER, ADRIAN R MR.	
Address:	2721 SW 34TH AVE.	
City-St-Zip:	FT. LAUDERDALE, FL 33312 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SABRINA B. FARMER MGR 04/23/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date