

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006733

1. Entity Name
INTERNATIONAL MARINAS, L.C.

FILED

01 FEB 14 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1512 EAST BROWARD BOULEVARD, SUITE 200
FORT LAUDERDALE FL 33301

Mailing Address
1512 EAST BROWARD BOULEVARD, SUITE 200
FORT LAUDERDALE FL 33301

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
65-1016500

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCRORY, J. WALTER
1512 EAST BROWARD BOULEVARD, SUITE 200
FORT LAUDERDALE FL 33301

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
DEVELOPORT, INC.
1512 EAST BROWARD BOULEVARD, SUITE 200
FORT LAUDERDALE FL 33301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
PEARSON, KAYE
1637 EAST LAKE DRIVE
FORT LAUDERDALE FL 33316

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600003708556
-02/19/01--01020--022
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☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my 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: J. WALTER MCCRORY Date: 2-10-01 Daytime Phone #: 954-462-5835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

001639 AF
CR2E083 (11/00)