

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L38983

1. Entity Name

TECMARINE LINES, INC.

FILED

Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90050 001 ***150.00

Principal Place of Business

9900 NORTHWEST 25TH STREET
MIAMI FL 33172-2224
US

Mailing Address

POST OFFICE BOX 165525
FT. LAUDERDALE FL 33316-5525

2. Principal Place of Business

2051 SE 35TH STREET
Suite, Apt. #, etc.

PORT EVERGLADES

City & State
FORT LAUDERDALE, FL

Zip Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 65-0170869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARINE CARGO MANAGEMENT, INC.

9900 NW 25TH STREET

MIAMI FL 33172-2224

7. Name and Address of New Registered Agent

Name

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

2051 SE 35TH STREET - PO BOX 165525

PORT EVERGLADES, Fort Lauderdale

City

FL

Zip Code

33316-5525

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, 2000 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 NAME ☐ Delete

D CHESTER, JEREMY

STREET ADDRESS 9900 NW 25TH STREET

CITY-ST-ZIP MIAMI FL

TITLE NAME ☐ Delete

D CHESTER, BRITT K.

STREET ADDRESS 9900 NW 25TH STREET

CITY-ST-ZIP MIAMI FL

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition

STREET ADDRESS 2051 SE 35TH ST. - PO BOX 165525

CITY-ST-ZIP FORT LAUDERDALE, FL 33316-5525

TITLE NAME ☒ Change ☐ Addition

STREET ADDRESS 2051 SE 35TH STREET - PO BOX 165525

CITY-ST-ZIP FORT LAUDERDALE, FL 33316-5525

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRITT K. Chester

3/17/00

954-331-2000