

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90139 050 ***158.75

DOCUMENT # L38983

1. Entity Name

TECMARINE LINES, INC.

Principal Place of Business

2051 SE 35TH ST
 PORT EVERGLADES
 FORT LAUDERDALE FL 33316
 US

Mailing Address

POST OFFICE BOX 165525
 FT. LAUDERDALE FL 33316-5525

2. Principal Place of Business

3. Mailing Address

P.O. Box 21647

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ft. Lauderdale, FL

4. FEI Number **65-0170869**

Applied For

Not Applicable

Zip

Country

Zip

Country

33335

Broward

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

MARINE CARGO MANAGEMENT, INC.
 2051 SE 35TH ST
 P O BOX 165525
 FORT LAUDERDALE FL 33316

Name
Britt K. Chester

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

2051 SE 35th Street

City
Ft. Lauderdale

FL

Zip Code
33316

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]

Britt K. Chester

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CHESTER, JEREMY**
 CITY-ST-ZIP **2051 SE 35TH ST- P O BOX 165525**
FORT LAUDERDALE FL 33316

TITLE ☐ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **2051 SE 35th Street Box 21647**
 CITY-ST-ZIP **Ft Lauderdale, FL 33335**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CHESTER, BRITT K**
 CITY-ST-ZIP **2051 SE 35TH ST- P O BOX 165525**
FORT LAUDERDALE FL 33316

TITLE ☐ Change ☐ Addition
 NAME **V**
 STREET ADDRESS **2051 SE 35th Street Box 21647**
 CITY-ST-ZIP **Ft Lauderdale, FL 33335**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Kevin Chester**
 STREET ADDRESS **2051 SE 35th Street**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33335**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **V**
 STREET ADDRESS **Kenneth G. Sousa**
 CITY-ST-ZIP **2051 SE 35th Street**
Ft. Lauderdale, FL 33335

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

[Signature]

Kenneth G. Sousa

VP FINANCE

(954) 331-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)