## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

PRINTED NAME OF SIGN

## FILED Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # L53411** 1. Entity Name PRESIDENT MARINE INTERNATIONAL, INC. 02-01-2001 90096 021 \*\*\*150.00 Principal Place of Business Mailing Address 2901 NE 185TH STREET 300 NE 211 ST NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33179 140000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0180666 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YEH, SUSIE Street Address (P.O. Box Number is Not Acceptable) 300 NE 211 ST NORTH MIAMI BEACH FL 33179 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agents or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 🗖 Delete ☐ Addition TITLE NAME MING WANG YEH SUSIE NAME YUEH, VINCENT 300 NE-211 ST STREET ADDRESS 2901 NE 185TH ST STREET ADDRESS NORTH MIAMI BEACH CITY-ST-ZIP CITY-ST-ZIP NORTH MIAM! BEACH FL Change TITLE Delete TITLE ☐ Addition NAME NAME YEH, EDDIE STREET ADDRESS STREET ADDRESS 2901 NE 185TH ST CITY-ST-ZIP CITY-ST-ZIP N MIAMI BCH FL Change ☐ Addition TITLE ☐ Delete -TITLE NAME YEH, SUSIE NAME STREET ADDRESS STREET ADDRESS 2901 NE 185TH ST CITY-ST-7IP CITY-ST-ZIP N MIAMI BCH FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

(305)653-1327 Daytime Phone #