## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 23, 2002 8:00 am Secretary of State **DOCUMENT #** 1 53411 1. Entity Name 05-23-2002 90079 003 \*\*\*150.00 PRESIDENT MARINE INTERNATIONAL, INC. Mailing Address Principal Place of Business 300 NE 211 ST 2901 NE 185TH STREET NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33180 3. Mailing Address 2. Principal Place of Business 6553NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65-0180666 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent ----6. Name and Address of Current Registered Agent 516 YEH, SUSIE Street Address (P.O. Box Number is Not Acceptable) 300 NE 211 ST NORTH MIAMI BEACH FL 33179 City 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. DATE (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE Delete TITLE YEH, SUSIE NAME NAME STREET ADDRESS 300 NE 211 STREET STREET ADDRESS CITY-ST-ZIP N MIAMI BCH FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP - □ - Change = -- □ Addition -TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 of 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.