

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L60099

1. Entity Name  
POPEYE MARINE CORPORATION

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**  
08-08-2000 90025 049 \*\*\*550.00

**A0071513**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
830 N.W. 8TH STREET ROAD  
MIAMI FL 33136

Mailing Address  
830 N.W. 8TH STREET ROAD  
MIAMI FL 33136

2. Principal Place of Business  
830 NW 8th Rd  
Suite, Apt. #, etc.

3. Mailing Address  
830 NW 8th Rd  
Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip  
33136

Country  
DADE

Zip  
33136

Country  
DADE

4. FEI Number 65-0187120 Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
VESQUEZ, JORGE  
830 N.W. 8TH STREET ROAD  
MIAMI FL 33136

7. Name and Address of New Registered Agent  
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 Jorge Vasquez JORGE VASQUEZ 7-20-00  
Signature, typed or printed name of registered agent and file 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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VESQUEZ, JORGE		NAME		
STREET ADDRESS	830 NW 8TH ST. RD.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	VST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VESQUEZ, JORGE		NAME		
STREET ADDRESS	830 NW 8TH ST. RD.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jorge Vasquez JORGE VASQUEZ 7-20-00 325-8187  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)