## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L62641

Entity Name: MOLASSES REEF MARINA CORP.

FILED Sep 13, 2002 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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C/O SANDY S. SEGALL 1851 NW 125TH AVE., STE. 300 PEMBROKE PINES, FL 33027 US

Current Mailing Address: New Mailing Address:

2500 E HALLANDALE BEACH BLVD 1851 NW 125TH AVE STE 707 STE 300

HALLENDALE, FL 33009 US PEMBROKE PINES, FL 33028 US

FEI Number: 65-0234870 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SEGALL, SANDY S
 SEGALL, SANDY S

 1851 NW 125TH AVE., STE. 300
 1851 NW 125TH AVE., STE. 300

 PEMBROKE PINES, FL 33027
 US

 PEMBROKE PINES, FL 33028
 US

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: SNADY SEGALL 09/13/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPTD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WARTMAN, NORMAN,
 Name:

 Address:
 20211 NE 10TH PL
 Address:

 City-St-Zip:
 N MIAMI BEACH, FL
 City-St-Zip:

Title: PSD () Delete Title: () Change () Addition

 Name:
 SEGALL, SANDY SLYVAN,
 Name:

 Address:
 2500 E HALLANDALE BCH
 Address:

 City-St-Zip:
 HALLANDALE, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY SEGALL P 09/13/2002