

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90050 037 ***150.00

DOCUMENT # L77421

1. Entity Name

TECMARINE EXPRESS, INC.

Principal Place of Business

Mailing Address

~~0000 N.W. 25TH STREET~~
~~MIAMI FL 33172-2224~~
 US

~~9900 N.W. 25TH STREET~~
~~MIAMI FL 33316-5525~~
 US

2. Principal Place of Business

3. Mailing Address

8005 NW 80th Street
 Suite, Apt. #, etc.

PO BOX 165525
 Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
FORT LAUDERDALE, FL

4. FEI Number **65-0019426**

Applied For
 Not Applicable

Zip **33166-2173**

Country **USA**

Zip **33316-5525**

Country **USA**

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.

Name

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

2051 SE 35th Street - Box 165525

Port Everglades - Ft. Lauderdale

City

FL

Zip Code **33316-5525**

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 _____ (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, 2000 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 CHESTER, BRITT K.**
 STREET ADDRESS ~~0000 NW 25TH STREET~~
 CITY-ST-ZIP ~~MIAMI FL~~

TITLE Change Addition
 NAME
 STREET ADDRESS **2051 SE 35th Street - PO Box 165525**
 CITY-ST-ZIP **PT. EVERGLADES, FT. LAUDERDALE, FL 33316-5525**

TITLE Delete
 NAME ~~CHESTER, JEREMY~~
 STREET ADDRESS ~~0000 NW 25TH STREET~~
 CITY-ST-ZIP ~~MIAMI FL~~

TITLE Change Addition
 NAME
 STREET ADDRESS **2051 SE 35th Street - PO Box 165525**
 CITY-ST-ZIP **PT. EVERGLADES, FT. LAUDERDALE, FL 33316-5525**

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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: *Britt K. Chester* **Britt K. Chester** 3/17/00 954-331-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)