

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000004687

1. Entity Name
NORWEGIAN MARINE ELECTRONICS, LLC

00 MAY -3 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2696 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062

Mailing Address
2696 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062-4940



2. Principal Place of Business

1530-A North Federal Hwy.
Suite, Apt. #, etc.

3. Mailing Address

1530-A North Federal Hwy.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

65-0990190

Applied For

Not Applicable

Zip
33062

Country

USA

Zip
33062

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARINI, RONALD A
2 SOUTH BISCAYNE BLVD., SUITE 3580
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME RYDER, TIM
STREET ADDRESS 2696 E. ATLANTIC BLVD.
CITY- ST- ZIP POMPANO BEACH FL 33062

TITLE MGR
NAME GORMAN, STEVEN
STREET ADDRESS 2696 E. ATLANTIC BLVD.
CITY- ST- ZIP POMPANO BEACH FL 33062

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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10. ADDITIONS / CHANGES

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

STEVEN G GORMAN 4-27-00

Date

Daytime Phone #

954-580-0333

CR2E083 (9/99)