

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90181 001 ****55.00

DOCUMENT # L99000006628

1. Entity Name

MARINE TRAVEL COMPANY, L.C.

Principal Place of Business

1717 N. BAYSHORE DRIVE, #1455
 MIAMI FL 33132

Mailing Address

1717 N. BAYSHORE DRIVE, #1455
 MIAMI FL 33132

2. Principal Place of Business

1717 N. BAYSHORE DR

Suite, Apt. #, etc.
127

3. Mailing Address

1717 N. BAYSHORE DR.

Suite, Apt. #, etc.
127

City & State

Miami, FL

City & State

Miami, FL

Zip

33132

Country

USA

Zip

33132

Country

USA

4. FEI Number

65-0958634

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GIBON, CHANTAL
1717 N. BAYSHORE DRIVE, #1455
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name **GIBON, CHANTAL**

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

1717 N. BAYSHORE DR. # 3456

City

Miami

FL

Zip Code

33132

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]

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **GIBON, JEAN-LOUIS**
 STREET ADDRESS **1717 N. BAYSHORE DRIVE, #1455**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **MGRM** ☐ Delete
 NAME **GIBON, CHANTAL**
 STREET ADDRESS **1717 N. BAYSHORE DRIVE, #1455**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Delete
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 STREET ADDRESS
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TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **GIBON, JEAN-LOUIS**
 STREET ADDRESS **1717 N. BAYSHORE DR. # 3456**
 CITY-ST-ZIP **MIAMI, FL. 33132**

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **GIBON, CHANTAL**
 STREET ADDRESS **1717 N. BAYSHORE DR. # 3456**
 CITY-ST-ZIP **MIAMI, FL. 33132**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/28/02

Date

305 372 2892

Daytime Phone #

CR2E083 (9/01)