

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M07932**

1. Entity Name

MARINE EXPRESS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90195 041 ***150.00

Principal Place of Business

2737 NW 17th Street
Miami, FL. 33125

Mailing Address

2655 LeJeune Rd.
Suite # 807
Coral Gables, FL. 33134

2. Principal Place of Business

887 E. Ockeechobee Rd.

Suite, Apt. #, etc.

3. Mailing Address

887 E. Ockeechobee Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hialeah, Florida

Zip
33010

Country

City & State
Hialeah, Florida

Zip
33010

Country

4. FEI Number

59-2506017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Frank Saks
2737 NW 17th Street
Miami, Florida 33125

7. Name and Address of New Registered Agent

Name

Frank Saks

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

887 E. Ockeechobee Rd.

City

Hialeah,

FL

Zip Code
33010

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

1/26/00

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

TITLE **DPST** ☐ Delete
NAME **Frank Saks**
STREET ADDRESS **2737 NW 17th Street**
CITY-ST-ZIP **Miami, Florida 33125**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Change ☐ Addition
NAME **Frank Saks**
STREET ADDRESS **887 E. Ockeechobee Rd.**
CITY-ST-ZIP **Hialeah, Florida 33010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00 305-884-9959

Date

Daytime Phone #

CR2E034 (9/99)