

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M19741

1. Entity Name

MARINE TRUCKING, INC.

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

03-21-2000 90048 046 ***150.00

Principal Place of Business

Mailing Address

~~3900 NW 25TH STREET~~
~~MIAMI FL 33172-2224~~
US

~~0000 NW 25TH STREET~~
~~MIAMI FL 33310-5525~~
US

2. Principal Place of Business

3. Mailing Address

2051 SE 35TH STREET
Suite, Apt. #, etc.
Port Everglades

PO BOX 165525
Suite, Apt. #, etc.
Fort Lauderdale, FL

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

Zip
33316

Country
USA

Zip
33316-5525

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2566769

Applied For
Not Applicable

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

Name

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

2051 SE 35TH STREET - BOX 165525
Port Everglades - Fort Lauderdale

City

FL

Zip Code
33316

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

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	PD	<input type="checkbox"/> Delete
NAME	CHESTER, JEREMY	
STREET ADDRESS	0000 N.W. 25TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHESTER, BRITT K.	
STREET ADDRESS	0000 N.W. 25TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2051 SE 35TH STREET - PO BOX 165525
CITY-ST-ZIP	PT. EVERGLADES, FT. LAUDERDALE, FL 33316-5525
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2051 SE 35TH STREET - PO BOX 165525
CITY-ST-ZIP	PT. EVERGLADES, FT. LAUDERDALE, FL 33316-5525
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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)