FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91560 020 ***150.00

DOCUMENT # M54426

1. Entity Name

MARINE HOSPITALITY CORPORATION

642731

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
305 S. Andrews Avenue	305 S.Andrews Avenue
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33301 Country: USA	Zip: 33301 Country: USA

4. FEI Number: 650002749 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Avner Gordin

Street Address (P.O. Box Number is Not Acceptable): 300 SW 1st Avenue

Suite 103

City: Ft. Lauderdale FL Zip Code: 33301

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 _____ DATE

Signature, type or print name of corporate officer and title if applicable. (BOTH: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D S.W. Shelley 300 S.W. 1st Avenue, Suite 103 Ft. Lauderdale, FL 33301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Avner Gordin 300 S.W. 1st Avenue, Suite 103 Ft. Lauderdale, FL 33301
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3-15-02 954-772-3720

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DATE

CR2E034B (12-01)