

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Oct 02, 2002 8:00 am
Secretary of State

10-02-2002 90121 005 ***61.25

DOCUMENT # *N96000005218*

1. Entity Name

Marine Animal Rescue Society

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3000 NE 151st street

Suite, Apt. #, etc.

Marine Lab

City & State

North Miami Beach, FL

Zip

33181

Country

USA

3. Mailing Address

3000 NE 151st street

Suite, Apt. #, etc.

Marine Lab

City & State

North Miami Beach, FL

Zip

33181

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0728506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Cris Hadjez**

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

3000 NE 151st street, Marine Lab

City **North Miami Beach;**

FL

Zip Code
33181

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.

Cris A. Hadjez

(NOTE: Registered Agent signature required when reinstating)

9/30/02

DATE

**FEE IS \$61.25
Initial or Amended UBR**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME **Director Cris Hadjez**
STREET ADDRESS **3000 NE 151st street, Marine Lab**
CITY - ST - ZIP **NMB, FL 33181**

TITLE
NAME **Director Enrique Gaston**
STREET ADDRESS **3000 NE 151st street, Marine Lab**
CITY - ST - ZIP **NMB, FL 33181**

TITLE
NAME **Director Dr. Julie Zaias**
STREET ADDRESS **3000 NE 151st street, Marine Lab**
CITY - ST - ZIP **NMB, FL 33181**

TITLE
NAME **Director Craig Pelton**
STREET ADDRESS **3000 NE 151st street, Marine Lab**
CITY - ST - ZIP **NMB, FL 33181**

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**DO NOT WRITE
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Cris A. Hadjez

9/30/02

(305) 919-5503

DATE

Daytime Phone #