

2000 UNIFORM BUSINESS REPORT (UBR)

70

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90443 011 ****61.95

DOCUMENT # N98000001433

1. Entity Name

INTERNATIONAL SOCIETY FOR OCEAN MONITORING AND R

Principal Place of Business

701 BRICKELL AVENUE
 SUITE 3000
 MIAMI FL 33131

Mailing Address

701 BRICKELL AVENUE
 SUITE 3000
 MIAMI FL 33131-2847

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2385869

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

Name

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

City

FL

Zip Code

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

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GERSTEN, ALBERT H	
STREET ADDRESS	15760 VENTURA BLVD. SUITE 828	
CITY-ST-ZIP	ENCINO CA 91436	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLIER, MARTIN D	
STREET ADDRESS	15760 VENTURA BLVD. SUITE 828	
CITY-ST-ZIP	ENCINO CA 91436	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOUSTON, THOMAS K	
STREET ADDRESS	3002 3RD STREET SUITE 210	
CITY-ST-ZIP	SANTA MONICA CA 90405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas K Houston President 4-26-00 305-561-4143
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF12E037 (9/99)