

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008306

1. Entity Name
COMMODORE MARINE CORPORATION

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90101 024 ***150.00

Principal Place of Business
~~9300 SOUTH DADELAND BLVD.~~
~~SUITE 406~~
~~MIAMI FL 33156~~

Mailing Address
~~9300 SOUTH DADELAND BLVD.~~
~~SUITE 406~~
~~MIAMI FL 33156~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8338 NW 68 St.

3. Mailing Address
8338 NW 68 St.

Suite, Apt. #, etc.

City & State
Miami, FL

4. FEI Number
65-0982007

Applied For
☐ Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

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

KAPLAN, LINDA M
9300 SOUTH DADELAND BLVD.
SUITE 406
MIAMI FL 33156

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	D	<input type="checkbox"/> Delete	TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINERVINI, ROBERT		NAME	MINERVINI, ROBERT	
STREET ADDRESS	600 BRICKELL AVE. SUITE 301D		STREET ADDRESS	8338 NW 68 St.	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	Miami, FL 33166	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINERVINI, JOHNNY		NAME	MINERVINI, JOHNNY	
STREET ADDRESS	600 BRICKELL AVE. SUITE 301D		STREET ADDRESS	8338 NW 68 St.	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	Miami, FL 33166	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATIS, JUAN CARLOS		NAME	TATIS, JUAN CARLOS	
STREET ADDRESS	600 BRICKELL AVE. SUITE 301D		STREET ADDRESS	8338 NW 68 St.	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

Date _____ Daytime Phone # _____

CR2E034 (10/00)