

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2002 8:00 am
Secretary of State

08-16-2002 90001 028 ***550.00

DOCUMENT # P00000018394

1. Entity Name
A & M MARINE, INC.

Principal Place of Business
650 TENNIS CLUB DRIVE
#310
FORT LAUDERDALE FL 33311

Mailing Address
650 TENNIS CLUB DRIVE
#310
FORT LAUDERDALE FL 33311

974642



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1500 South East 15th Street
 Suite, Apt. #, etc.
#218

City & State
Fort lauderdale, Florida
 Zip
33316 Country
USA

6. Name and Address of Current Registered Agent

TEMKIN, MATTHEW
650 TENNIS CLUB DRIVE #310
FORT LAUDERDALE FL 33311

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	TEMKIN, MATTHEW	
STREET ADDRESS	650 TENNIS CLUB #310	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	S	<input type="checkbox"/> Delete
NAME	MIRE, AMBL	
STREET ADDRESS	650 TENNIS CLUB #310	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Temkin, matthew	
STREET ADDRESS	1500 South East 15th Street #218	
CITY-ST-ZIP	Fort Lauderdale, Florida 33316	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Temkin, Amber	
STREET ADDRESS	1500 South East 15th Street	
CITY-ST-ZIP	Fort Lauderdale, FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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: **Matthew Temkin** **7-9-02** **954-651-456**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #