

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90223 028 \*\*\*150.00

**DOCUMENT # P00000023640**

1. Entity Name

H & E MARINA DELI, INC.



Principal Place of Business

1453 SOUTHEAST 17TH STREET  
FORT LAUDERDALE FL 33316

Mailing Address

1453 SOUTHEAST 17TH STREET  
FORT LAUDERDALE FL 33316



☐ CHECK HERE IF MAKING CHANGES

|                                |         |                     |         |                                  |  |   |  |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|---|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number                    |  | Applied For   |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 65-1004231                       |  | Not Applicable  |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired |  | <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |                                  |  |   |  |

6. Name and Address of Current Registered Agent

MEDOFF, ELLIOT  
1350 S POWERLINE RD 106  
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|--|---|--|
| TITLE                      | PSD<br>REINISH, HARRY<br>1453 SOUTHEAST 17TH STREET<br>FORT LAUDERDALE FL 33316  | TITLE   |  |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      | VTD<br>REINISH, EILEEN<br>1453 SOUTHEAST 17TH STREET<br>FORT LAUDERDALE FL 33316 | TITLE   |  |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      |  | TITLE   |  |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      |  | TITLE   |  |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      |  | TITLE   |  |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |  |
| TITLE                      |  | TITLE   |  |
| NAME                       |  | NAME  |  |
| STREET ADDRESS             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                |  | 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 607, 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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)