

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035732

1. Entity Name

HARBOR MARINE ENGINEERING CO.

Principal Place of Business

Mailing Address

10034 SPANISH ISLES BLVD. BAY C-21  
BOC RATON FL 33498

10034 SPANISH ISLES BLVD. BAY C-21  
BOC RATON FL 33498

2. Principal Place of Business

3. Mailing Address

HARBOR MARINE ENGINEERING CO. 10034 SPANISH ISLES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C-21

C-2

City & State

City & State

FLA. Fort Lauderdale

Fort Lauderdale FLA.

Zip

Country

Zip

Country

33498

U.S.A.

33498

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DYAL, J. PATRICK

10034 SPANISH ISLES BLVD. BAY C-21  
BOC RATON FL 33498

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

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

TITLE PD ☐ Delete  
NAME MARCIANTE, LOUIS  
STREET ADDRESS 10034 SPANISH ISLES BLVD. BAY C-21  
CITY-ST-ZIP BOC RATON FL 33498

TITLE ST ☐ Delete  
NAME MARCIANTE, SAVERIA  
STREET ADDRESS 10034 SPANISH ISLES BLVD. BAY C-21  
CITY-ST-ZIP BOC RATON FL 33498

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Louis Marcianite* LOUIS MARCIANTE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN-11-01

Date

561-477-9544

Daytime Phone #

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90147 031 \*\*\*150.00

00006320



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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