

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90273 004 ***150.00

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DOCUMENT # P00000048560

1. Entity Name
ANMAR MARINE, INC.

Principal Place of Business
C/O BRICKELL HONDA/PONTIAC
665 SOUTHWEST 8TH STREET
MIAMI FL 33130

Mailing Address
247 S W 8TH ST
PMB 216
MIAMI FL 33130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
600 S.W. 8TH ST.

3. Mailing Address

Suite, Apt. #, etc.
MIAMI FL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-2396329**

Applied For
Not Applicable

Zip **33130** **Country** **USA**

Zip **Country**

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

VERNACE, ANNA MARIE
600 S W 8TH ST
MIAMI FL 33130

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, 2002 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 **P** ☐ **Delete**
NAME **VERNACE, ANNA MARIE**
STREET ADDRESS **600 S W 8TH ST**
CITY-ST-ZIP **MIAMI FL 33130**

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

TITLE ☐ **Delete**
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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: *Anna Marie Vernace*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/08/02 **305 250 4156**
Date **Daytime Phone #**

CR2E034 (9/01)