

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

0243045

**DOCUMENT # P00000049778**

1. Entity Name

**PASSAGEMAKER MARINE, INC.**

03-06-2001 90293 009 \*\*\*150.00

Principal Place of Business

Mailing Address

1401 NE 9TH STREET #17  
 FT. LAUDERDALE FL 33304

1401 NE 9TH STREET #17  
 FT. LAUDERDALE FL 33304

C0030910



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**429 SEABREEZE BLVD**

3. Mailing Address

**429 SEABREEZE BLVD**

Suite, Apt. #, etc.

**Suit 217**

Suite, Apt. #, etc.

**Suit 217**

City & State

**FT. LAUDERDALE FL**

City & State

**FT. LAUDERDALE FL**

4. FEI Number

**05-1012319**

Applied For

Not Applicable

Zip

**33316**

Country

**BROWARD**

Zip

**33316**

Country

**BROWARD**

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

**AMANTE, CHARLES**  
**1401 NE 9TH STREET #17**  
**FT. LAUDERDALE FL 33304**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**PRESIDENT / DIRECTOR / T**  
**CHARLES AMANTE**  
**1401 NE 9TH STREET #17**  
**FT. LAUDERDALE, FL 33316**

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: Charles Amante **CHARLES AMANTE** 3/2/01 **3/2/01** 954 463-1707 **954 463-1707**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)