

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90324 019 ***150.00

0245728 AV

DOCUMENT # P00000049778

1. Entity Name
PASSAGEMAKER MARINE, INC.



Principal Place of Business
**429 SEABREEZE BLVD
STE 217
FORT LAUDERDALE FL 33316**

Mailing Address
**429 SEABREEZE BLVD
STE 217
FORT LAUDERDALE FL 33316**

22001816



2. Principal Place of Business
2401 E. ARAGON BLVD.
Suite, Apt. #, etc.
#127 UNIT # 3

3. Mailing Address
2400 E. LOS OLAS BLVD.
Suite, Apt. #, etc.
127

CHECK HERE IF MAKING CHANGES

City & State
SUNRISE FLORIDA

City & State
FT. LAUDERDALE, FL

4. FEI Number **65-1012319**

Applied For
Not Applicable

Zip
33313

Country
USA

Zip
33301

Country
USA

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)
**2401 E. ARAGON BLVD.
UNIT # 3**
City **SUNRISE** FL Zip Code **33313**

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 **CHARLES AMANTE**

DATE **1-30-03**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PDT	AMANTE, CHARLES	1401 NE 9TH STREET #17	FORT LAUDERDALE FL 33316	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 **1-30-03** DAYTIME PHONE # **954-270-5060**

CR2E034 (10/02)