## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000062570 1. Entity Name CARIBBEAN MARINE AGENCIES, INC.

**FILED** May 10, 2001 8:00 am Secretary of State 05-10-2001 90041 029 \*\*\*150.00

Principal Place of Business

Mailing Address

5310 SOUTHWEST 21 COURT PLANTATION FL 33317

5310 SOUTHWEST 21 COURT

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2. Principal	Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE	E IN THIS SE	PACE		
City & State			City & State			4.	4. FEI Number 65-102 915   Applied For   Not Applicable				
Zip		Country	Zip Country		try	5.	5. Certificate of Status Desired			ditional	
	6. Name	and Address of Current R	egistered Agent		Γ	7.	Name and Address of New Re				
CORPORATION SERVICE COMPANY						Name					
1201	HAYS STR AHASSEE F	EET			Street Address (P.O. Box Number is Not Acceptable)						
		2 32001			City				Zip Cod	le .	
							gent, or both, in the State of Flori	<u>FL</u>	Zip 000		
Tax filing	oration is eligi requirement a	or printed name of registered agent and ble to satisfy its Intangible and elects to do so.	FILE NOW!!	! FEE	IS \$150.4 will be \$5	50.00	einstating)  10. Election Campaign Finar  Trust Fund Contribution.	DATE		<b>0</b> May Be	
·	ria on back) —-		Make Check Payab		partmen			_		J	
11.	D	OFFICERS AND DI	787	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	S IN 11	
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13. I hereby certify that the information supplied with this filling 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 receive 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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #