

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90047 018 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P00000087008</b>			
1. Entity Name <b>MECHANICAL AND MARINE COMPANY</b>			
Principal Place of Business <b>2655 LEJEUNE ROAD STE 201 CORAL GABLES FL 33134</b>		Mailing Address <b>2655 LEJEUNE ROAD STE 201 CORAL GABLES FL 33134</b>	
2. Principal Place of Business <b>9755 S.W. 76 STREET</b>		3. Mailing Address <b>2655 LEJEUNE ROAD</b>	
Suite, Apt. #, etc. <b>SUITE 201</b>		Suite, Apt. #, etc. <b>SUITE 201</b>	
City & State <b>MIAMI FL.</b>		City & State <b>CORAL GABLES, FL</b>	
Zip <b>33173-3114</b>	Country —	Zip <b>33134</b>	Country —
6. Name and Address of Current Registered Agent <b>BAKER, RONALD G 2655 LEJEUNE RD., SUITE 201 CORAL GABLES FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PERSONS, ROGER M 9755 SW 76TH ST. MIAMI FL 33173</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLAPSADL, PAUL C 13922 S.W. 41ST STREET DAVE FL 33330</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 by 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: <b>ROGER M. PERSONS</b>		Date <b>MARCH 19 2002</b> Daytime Phone # <b>(305) 665-7277</b>	

CR2E034 (9/01)