

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90150 043 ***158.75

0146670

DOCUMENT # P0000090029

1. Entity Name
F&A MARINE SELL, INC.

Principal Place of Business Mailing Address
45 SW 8 AVE **45 SW 8 AVE**
MIAMI FL 33130 **MIAMI FL 33130**

C0012358



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
65-1044776 Not Applicable

Zip Country 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

GONZALEZ, FRANCISCO
45 SW 8 AVE
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 _____ (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. **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 Delete
 NAME **PD GONZALEZ, FRANCISCO**
 STREET ADDRESS **45 SW 8 AVE**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE Change Addition
 NAME **PD GONZALEZ, FRANCISCO**
 STREET ADDRESS **305 NORTH COCONUT LANE**
 CITY-ST-ZIP **MIAMI BEACH, FL. 33139-5163**

TITLE Delete
 NAME **STD GONZALEZ, MARIA A**
 STREET ADDRESS **45 SW 8 AVE**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE Change Addition
 NAME **STD GONZALEZ, MARIA AMELIA**
 STREET ADDRESS **305 NORTH COCONUT LANE**
 CITY-ST-ZIP **MIAMI BEACH, FL. 33139-5163**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **PD FRANCISCO GONZALEZ** Date **1-19-01** Daytime Phone # **305-325-0221**

CR2E034 (10/00)