

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105466

1. Entity Name

SDS MARINE, INC.

**FILED**
Jun 15, 2001 8:00 am
Secretary of State

05-02-2001 90115 031 ***150.00

Principal Place of Business
3300 N.W. NORTH RIVER DRIVE
MIAMI FL 33142

Mailing Address
3300 N.W. NORTH RIVER DRIVE
MIAMI FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

LEVINE, ARTJUR J
1330 N.W. 7TH STREET
MIAMI FL 33125

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

D
SCHURGER, BRUCE
3300 N.W. NORTH RIVER DRIVE
MIAMI FL 33142

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment 7467

HP000000105466

Form **SS-4**
(Rev. April 1991)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN
OMB No. 1545-0003
Expires 4-30-94

Please type or print clearly.	1 Name of applicant (True legal name) (See instructions.) SDS MARINE, INC.		
	2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 3300 N.W. NORTH RIVER DR		5a Address of business (See instructions.)
	4b City, state, and ZIP code MIAMI, FL 33142		5b City, state, and ZIP code
	6 County and state where principal business is located DADE FLORIDA		
	7 Name of principal officer, grantor, or general partner (See instructions.) ▶ BRUCE SCHURGER S.S. 569-64-7475		
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Individual SSN <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Estate <input type="checkbox"/> Plan administrator SSN <input checked="" type="checkbox"/> Other corporation (specify) CORPORATION <input type="checkbox"/> Federal government/military <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Farmers' cooperative If nonprofit organization enter GEN (if applicable)		
8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶		Foreign country State	
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Banking purpose (specify) ▶ <input type="checkbox"/> Changed type of organization (specify) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ <input type="checkbox"/> Other (specify) ▶			
10 Date business started or acquired (Mo., day, year) (See instructions.) 4/1/01		11 Enter closing month of accounting year. (See instructions.) DEC - 31	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ N/A			
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."		Nonagricultural 0	
14 Principal activity (See instructions.) ▶ DOCK SERVICES		Agricultural 0	
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶		Household 0	
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A	
17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application. True name ▶ Trade name ▶			
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete			
Name and title (Please type or print clearly.) ▶ BRUCE SCHURGER DIRECTOR		Telephone number (include area code) 305) 638-1095	
Signature ▶ Bruce Schurger		Date ▶ 5/31/01	
Note: Do not write below this line. For official use only.			
Please leave blank ▶	Geo. Ind.	Class Size Reason for applying	