

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91231 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P00000105466**

**1. Entity Name**  
**SDS MARINE, INC.**

**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

**4. FEI Number** **APPLIED FOR**  
**EIN 65-1108670**

**Applied For**  
**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**

**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, 2002 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** **PD** ☐ Delete  
**NAME** **ABDALLAH, MANUEL AL**  
**STREET ADDRESS** **3300 N.W. NORTH RIVER DRIVE**  
**CITY-ST-ZIP** **MIAMI FL 33142**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **SD** ☐ Delete  
**NAME** **FARIAS, CANDELARIA**  
**STREET ADDRESS** **1670 ORCHID BEND**  
**CITY-ST-ZIP** **WESTON FL 33327**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**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:**

**MANUEL AL ABDALLAH**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**PRESIDENT**

**04/26/02**  
**Date**

**305-638-1095**  
**Daytime Phone #**

CR2E034 (9/01)

Attachment #

861373  
P00000105466

AMOUNT OF DEPOSIT (Do NOT type, please print.)

DOLLARS

CENTS

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/  
DATE STAMP

**EIN** **65-1108670** **260612**  
**SDS MARINE INC**  
**3300 NW NORTH RIVER DR**  
**MIAMI FL 33142-6322**

IRS USE  
ONLY  
☐

Darken only one TYPE OF TAX		a n d	Darken only one TAX PERIOD
<input type="checkbox"/> 941	<input type="checkbox"/> 945		<input type="checkbox"/> 1st Quarter
<input type="checkbox"/> 990- C	<input type="checkbox"/> 1120		<input type="checkbox"/> 2nd Quarter
<input type="checkbox"/> 943	<input type="checkbox"/> 990-T		<input type="checkbox"/> 3rd Quarter
<input type="checkbox"/> 720	<input type="checkbox"/> 990- PF		<input type="checkbox"/> 4th Quarter
<input type="checkbox"/> CT-1	<input type="checkbox"/> 1042		
<input type="checkbox"/> 940			

b2

07 2

Telephone number ( )

FOR BANK USE IN MICR ENCODING

**Federal Tax Deposit Coupon**  
**Form 8109** (Rev. 12-2000)