

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90060 038 ***150.00

DOCUMENT # P01000002503

1. Entity Name
GLOBAL MARINE PRODUCTS INC.



Principal Place of Business
**2603 W. 60TH PLACE
HIALEAH FL 33016**

Mailing Address
**2038 SW 153 WAY #2038
MIRAMAR FL 33027**

**2038 S.W. 153 way # 2038
MIRAMAR FL 33027**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-1071787**

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

**LADHA, KIRIMA
2603 W. 60TH PLACE
HIALEAH FL 33016**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LADHA, KARIM	
STREET ADDRESS	2603 W. 60TH PLACE 2038 S.W. 153 way #2038	
CITY-ST-ZIP	HIALEAH FL 33016 MIRAMAR FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	AJANI, SHAMSHUDIN	
STREET ADDRESS	2603 W. 60TH PLACE 2038 S.W. 153 way #2038	
CITY-ST-ZIP	HIALEAH FL 33016 MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10 March 2003

CR2E034 (10/02)