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

## **DOCUMENT#** P01000024583

1. Entity Name

MAR MARINE INTERNATIONAL OF FLORIDA INC.



## **FILED** Mar 07, 2003 8:00 am Secretary of State

03-07-2003 90145 017 \*\*\*150.00

			1	SOVETE				
Principal Place of Business 3000 STATE RD ST FORT LAUDERDALE FL 33312		Mailing Address 3000 STATE RD ST FORT LAUDERDALE FL			10033634			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.						
					4			
City & Sta	ate	City & State			4. FEI Number OF 1000F00 Applied For			
Zip -	Country	Zip	Country -		<del></del>	-1083536		Not Applicable
	6. Name and Address of Curr	ent Registered Agent	<del></del>		5. Certificate of State	_	Fee Requi	red
			Name	<u></u>	. Name and Addre	ss of New Register	ed Agent	
HOWES,	JOHN R							
633 SOU	ITHEAST THIRD AVENUE		Street	: Address (P.O	. Box Number is Not	t Acceptable)	<u>.</u>	
STE 4-R			-	<del></del> -	<u> </u>	<del></del>		<del></del>
_FORT LA	UDERDALE FL 33301		City					·
P The phou	A		1 '			F	L / Zip Co	
the obliga	e named entity submits this statemen ations of registered agent.	of for the purpose of changing it	ts registered office	or registered	agent, or both, in the	State of Florida. I	am familiar with	, and accept
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SIGNATURE		2 '" : J()   N.			~ / TH///		MILL	4
	Signature type of printed name of registered as	and and title if an illustration		<u>sowi</u>	X QU	W AT	<u> </u>	<del></del>
	Signature, type of printed name of registered ag	gent and title if applicable. (NO	TE: Registered Agent sign		n reinstating)	DAT	E	<del></del>
J.	FILE NOW!! FEE IS \$150.00				/			<del></del>
Afte	FILE NOW!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0	00			9. Election Ca	ampaign Financing	\$5.0	00 May Be
Afte Make Chec	FILE NOW!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	00 t of State	TE: Registered Agent sign	nature required when	9. Election Ca Trust Fund	ampaign Financing Contribution.	\$5.0 Adde	d to Fees
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12 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 changed, or on an attachment with an address, with all other like propowered.

SIGNATURE:

EREA EQUIAZ D

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR