## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATUE

AND TYPED OR PRINTED NAME OF SIGNING OF

## Mar 28, 2002 8:00 am Secretary of State P01000053991 **DOCUMENT #** 1. Entity Name DOCKSIDE MARINE SERVICES OF MIAMI, INC. 03-28-2002 90142 044 \*\*\*150.00 Principal Place of Business Mailing Address 3301 RICKENBACKER CAUSEWAY SLIP B-13 3301 RICKENBACKER CAUSEWAY SLIP B-13 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1108984 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANCIO-BELLO, JOE Street Address (P.O. Box Number is Not Acceptable) 3301 RICKENBACKER CAUSEWAY SLIP B-13 **KEY BISCAYNE FL 33149** City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Change Addition CANCIO-BELLO, JOE NAME NAME 3301 RICKENBACKER CAUSEWAY SLIP B-13 STREET ADDRESS STREET ADDRESS **KEY BISCAYNE FL 33149** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eport is true and accurate and the 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 employered to execut this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or true changed, or on an attachment with an SIGNATURE:

**FILED**