

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2002 8:00 am**  
**Secretary of State**

08-20-2002 90126 014 \*\*\*150.00

**DOCUMENT # P01000100368**

**1. Entity Name**  
**MARITIME MEDICAL ENTERPRISES, INC.**

**Principal Place of Business**  
**3160 SOUTHWEST 189 TERRACE**  
**MIRAMAR FL 33029**

**Mailing Address**  
**3160 SOUTHWEST 189 TERRACE**  
**MIRAMAR FL 33029**

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
**18459 Pines Blvd. #210**  
 Suite, Apt. #, etc.  
**#210**  
 City & State  
**Pembroke Pines, FL 33029**  
 Zip Country  
**33029-1422**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-1145682** **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**GONZALEZ, CARLOS J**  
**3160 SOUTHWEST 189 TERRACE**  
**MIRAMAR FL 33029**

**7. Name and Address of New Registered Agent**  
 Name  
**Gonzalez, Carlos J.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**18459 Pine Blvd. #210**  
 City  
**Pembroke Pines, FL** **FL** Zip Code  
**33029-1422**

**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]* **DATE** **AUG 16, 2002**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	PD
NAME	GONZALEZ, CARLOS J	NAME	Gonzalez, Carlos J.
STREET ADDRESS	3160 SOUTHWEST 189 TERRACE	STREET ADDRESS	18459 Pine Blvd. #210
CITY-ST-ZIP	MIRAMAR FL 33029	CITY-ST-ZIP	Pembroke Pines, FL 33029-1422
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 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]* **SIGNATURE REQUIRED** **DATE** **AUG 16, 2002** **DAYTIME PHONE #** **(305) 440-5444**

CR2E034 (4/02)



*Attachment  
ID# P01000100368  
B0134640*  
**Hoyos & Aguilar, P.A.**  
Certified Public Accountants

July 10, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

TAXPAYER: MARITIME MEDICAL ENTERPRISES, INC.  
DOC NO: P01000100368  
FORM: UNIFORM BUSINESS REPORT  
PERIOD: 2002

Gentlemen / Mesdames:

The above captioned taxpayer has requested that we write to you regarding the \$550 fee imposed as a result of the late filing of the 2002 Uniform Business Report.

Please note that it was not the taxpayer's willful neglect or intent to not timely pay and file the 2002 Corporate Annual Report but simply a result of the facts stated below.

During the end of 2001 the taxpayer moved business locations. As a result of the address change, the taxpayer had all mail forwarded by the Post Office to the new address. During this change it seems that the original copy of the Report was lost in the mail since the taxpayer did not receive any notice until this second notice was received.

In light of the above facts, we respectfully request the abatement of all penalties. Enclosed is a check in the amount of \$150 for the 2002 Annual Report.

Please do not hesitate to contact us should you have any questions.

Sincerely,

  
ORLANDO HOYOS, CPA

Enclosures

c: Carlos J. Gonzalez, President

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