

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

0172545 AV

DOCUMENT # P01000100368

1. Entity Name
MARITIME MEDICAL ENTERPRISES, INC.



Principal Place of Business
3160 SOUTHWEST 189 TERRACE
MIRAMAR FL 33029

Mailing Address
18459 PINES BLVD #210
MIRAMAR FL 33029



2. Principal Place of Business

3. Mailing Address

3160 SW 189 TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

MIRAMAR, FL

4. FEI Number

65-1145682

Applied For

Not Applicable

Zip

Country

Zip

Country

33029

BROWARD

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

GONZALEZ, CARLOS J
18459 PINE BLVD
#210
MIRAMAR FL 33029

Name
GONZALEZ, CARLOS J.

Street Address (P.O. Box Number is Not Acceptable)
3160 SW 189 TERR.

City

MIRAMAR

FL

Zip Code

33029

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] CARLOS GONZALEZ

SEP 10/2003

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GONZALEZ, CARLOS J
18459 PINE BLVD #210
MIRAMAR FL 33029

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GONZALEZ, CARLOS J.
3160 SW 189 TERR.
MIRAMAR, FL 33029

☒ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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

SEP 10/2003

(305) 490-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

attachment
8048184

August 27, 2003

TAXPAYER: MARITIME MEDICAL ENTERPRISES, INC.
DOC. NO.: P01000100368
FORM: UNIFORM BUSINESS REPORT (UBR)
PERIOD: 2003

Gentlemen / Mesdames:

Foremost, please note that it was not the taxpayer's willful neglect or intent to not timely pay and file the 2003 Corporate Annual Report but simply a result of the facts stated below.

During the end of 2002 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 temporarily lost in the mail since the taxpayer did not receive the Report until August 2003. Therefore, please update your records accordingly to reflect the correct address as **"3160 Southwest 189th Terrace, Miramar, Florida 33029"**.

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 2003 Annual Report.