

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90273 002 ***150.00

DOCUMENT # P01000120037



1. Entity Name
ITECHMARINE, INC.

Principal Place of Business
**P.O. BOX 460418
FT LAUDERDALE FL 33346-0418**

Mailing Address
**P.O. BOX 460418
FT LAUDERDALE FL 33346-0418**



2. Principal Place of Business
**415 NE 2ND STREET
Suite, Apt. #, etc. Suite, 118**

3. Mailing Address
Suite, Apt. #, etc.

City & State
HALLANDALE FLORIDA
Zip
33009 Country
USA

City & State
Zip Country

4. FEI Number **80-0002240**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ORTIZ, ELEUTERIO
6644 S.W. 20 STREET
POMPANO BEACH FL 33068-4838**

7. Name and Address of New Registered Agent

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 ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FRYDENBORG, CARSTEN F**
STREET ADDRESS **1515 E BROWARD BLVD, APT #219**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **V** ☒ Delete
NAME **MOELLER, CLAUS**
STREET ADDRESS **1515 E BROWARD BLVD, APT #219**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/12/03 954 454 0638
Date Daytime Phone #

CR2E034 (10/02)