

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 30, 2003 8:00 am**  
**Secretary of State**

06-30-2003 90068 029 \*\*\*550.00

0136996 AV

**DOCUMENT # P02000105999**

1. Entity Name  
**MARINE TREASURES, INC.**



Principal Place of Business  
**236 NORTH FEDERAL HIGHWAY  
DANIA FL 33004**

Mailing Address  
**236 NORTH FEDERAL HIGHWAY  
DANIA FL 33004**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 1802**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Dania, FL.**

4. FEJ Number

**11-365564**

Applied For

Not Applicable

Zip

Country

Zip

**33004**

Country

**U.S.A.**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEDINA, GUISELA  
236 NORTH FEDERAL HIGHWAY  
DANIA FL 33004**

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

*G. Medina*

Signature typed and 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 **P** ☐ Delete  
NAME **MEDINA, GUISELA**  
STREET ADDRESS **236 NORTH FEDERAL HIGHWAY**  
CITY-ST-ZIP **DANIA FL 33004**

TITLE **P.S.T.** ☒ Change ☐ Addition  
NAME **MEDINA GUISELA**  
STREET ADDRESS **236 N. FEDERAL HIGHWAY**  
CITY-ST-ZIP **DANIA, FL. 33004**

TITLE **VP** ☒ Delete  
NAME **KING, ZORAIDE T**  
STREET ADDRESS **1428 SOUTH EAST 4TH AVENUE #147**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **VP** ☐ Change ☒ Addition  
NAME **ALEXANDER MEDINA**  
STREET ADDRESS **236 N. FEDERAL HIGHWAY**  
CITY-ST-ZIP **DANIA FL. 33004**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*G. Medina* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**06-25-03 (954) 647-1917**

Date

Daytime Phone #

CR2E034 (10/02)