

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0020943 AV

DOCUMENT # P02000118317



1. Entity Name
AMERICAN MARINE COVERINGS, INC.

FILED

03 SEP 25 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
820 SE 12TH STREET
HIALEAH FL 33010

Mailing Address
820 SE 12TH STREET
HIALEAH FL 33010

2. Principal Place of Business
1065 SE. 9th COURT

3. Mailing Address
1065 SE 9th COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah, FL.

City & State
Hialeah, FL.

4. FEI Number
06-1656360

Applied For
Not Applicable

Zip
33010

Country
U.S.

Zip
33010

Country
U.S.

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

CUDLIPP, MICHAEL P
12865 WEST DIXIE HWY.
SECOND FLOOR
NORTH MIAMI FL 33163

Name

Street Address (P.O. Box Number is Not Acceptable)

500023343525
09/25/03--01090--001 **550.00

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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
D
SARMIENTO, JUAN C
820 SE 12TH STREET
HIALEAH FL 33010 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
GARABIA JORGE
874 SW 118 COURT
MIAMI, FL. 33184 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 fees empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)