

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90213 020 ***150.00

0007201 AT

DOCUMENT # P02000127739



1. Entity Name
CASSANDRA MARINE 18, INC.

Principal Place of Business
C/O KURT BOSSHARDT & ASSOCIATES. P.A.
1600 SE 17 STREET SUITE 405
FORT LAUDERDALE FL 33316

Mailing Address
C/O KURT BOSSHARDT & ASSOCIATES. P.A.
1600 SE 17 STREET SUITE 405
FORT LAUDERDALE FL 33316

11015631



2. Principal Place of Business
WATERWAYS MARINA
Suite, Apt. #, etc.

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

CHECK HERE IF MAKING CHANGES

City & State
AVENTURA FL

City & State

4. FEI Number Applied For
Not Applicable

Zip
33280

Country
USA

Zip Country

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

6. Name and Address of Current Registered Agent
MARTINI, GREGORY T ESQ
2655 LEJEUNE ROAD SUITE 1101
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
Peter P. Kelley
Street Address (P.O. Box Number is Not Acceptable)
SUITE 405
1600 SE 17TH ST CROSSWAY
City
FT LAUDERDALE FL 33316

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 *Peter P. Kelley* **4/23/03**
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	D BLACKLEDGE, PHILIP S 1600 SE 17TH STREET #405 FORT LAUDERDALE FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *SCOTT M. [Signature]* **4/23/03** **(954) 7647772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)