

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90061 036 \*\*\*150.00

**DOCUMENT # P40774**

1. Entity Name  
**MARITEL, INC.**

Principal Place of Business

**452 COURTHOUSE RD.  
GULFPORT MS 39501**

Mailing Address

**P.O. BOX 6826  
GULFPORT MS 39506**

2. Principal Place of Business

**2318 Pass Rd**

Suite, Apt. #, etc.

**6**

City & State  
**Biloxi, MS**

Zip

Country

**39531**

3. Mailing Address

**2318 Pass Road**

Suite, Apt. #, etc.

**Suite 6**

City & State  
**Biloxi, MS**

Zip

Country

**39531**

4. FEI Number **58-1791511**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | <b>D</b>                  | <input type="checkbox"/> Delete            |
| NAME           | <b>DEPRIEST, DONALD R</b> |  |
| STREET ADDRESS | <b>452 COURTHOUSE RD.</b> |  |
| CITY-ST-ZIP    | <b>GULFPORT MS 39501</b>  |  |
| TITLE          | <b>P</b>                  | <input type="checkbox"/> Delete            |
| NAME           | <b>HAUSER, MITCHELL</b>   |  |
| STREET ADDRESS | <b>452 COURTHOUSE RD.</b> |  |
| CITY-ST-ZIP    | <b>GULFPORT MS 39501</b>  |  |
| TITLE          | <b>S</b>                  | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>SLATER, JOHN</b>       |  |
| STREET ADDRESS | <b>452 COURTHOUSE RD.</b> |  |
| CITY-ST-ZIP    | <b>GULFPORT MS 39501</b>  |  |
| TITLE          | <b>CFO</b>                | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>WEINSTEIN, MICHAEL</b> |  |
| STREET ADDRESS | <b>452 COURTHOUSE RD.</b> |  |
| CITY-ST-ZIP    | <b>GULFPORT MS 39501</b>  |  |
| TITLE          | <b>D</b>                  | <input type="checkbox"/> Delete            |
| NAME           | <b>SENEY, RICHARD</b>     |  |
| STREET ADDRESS | <b>452 COURTHOUSE RD.</b> |  |
| CITY-ST-ZIP    | <b>GULFPORT MS 39501</b>  |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          |                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |  |
| STREET ADDRESS | <b>2318 Pass Road Suite 6</b> |  |
| CITY-ST-ZIP    | <b>Biloxi, MS 39531</b>       |  |
| TITLE          |                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |  |
| STREET ADDRESS | <b>2318 Pass Road Suite 6</b> |  |
| CITY-ST-ZIP    | <b>Biloxi, MS 39531</b>       |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |  |
| STREET ADDRESS | <b>2318 Pass Road Suite 6</b> |  |
| CITY-ST-ZIP    | <b>Biloxi, MS 39531</b>       |  |
| TITLE          |                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Asst. Sec.</b>             |  |
| STREET ADDRESS | <b>Richard Carvalho</b>       |  |
| CITY-ST-ZIP    | <b>2318 Pass Road</b>         |  |
|                | <b>Biloxi, MS 39531</b>       |  |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard Carvalho* **Richard Carvalho**

Date

**1/12/01**

Daytime Phone #

**212 5321700**

CR2E034 (10/00)