2001 UNIFORM BUSINESS REPORT (UBR)

P93000072160 DOCUMENT # 1. Entity Name

SOUTHERN MARINE ELECTRIC, INC.

FILED Sep 21, 2001 8:00 am Secretary of State 09-21-2001 90006 013 ***550.00

Principal Plac	ce of Business	Mailing Address		·					
58 NE 7TH STREET MIAMI FL 33132		58 NE 7TH STREET Miami Fl 33132							
							1 88 18		
2. Principal F	Place of Business	3. Mailing Address	,			i i i i i i i i i i i i i i i i i i i			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	te ,	City & State		4.	FEI Number 65-045249	14		Applied For	
Zip	Country	Zip	Country		Certificate of Status Desired	<u>``</u>	\$8.75 A	Not Applicable	
	6. Name and Address of Current I	Registered Agent			Name and Address of New		Fee Requi		
			Nam						
	STINE, TAMMY		Stree	et Address (P.O.	Box Number is Not Acceptab	ole)			
58 NE 711	H STREET								
/ MICONITE	33132		City			FI	Zip Co	de	
8. The above	named entity submits this statement for	the purpose of changing its	registered offic	e or registered a	gent, or both, in the State of F	lorida.	<u>- </u>		
		, , , , , ,				•		.)	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent si	ignature required when	reinstating)	DATE		<u>'</u>	
9 This corpo		FU E NOW!							
	oration is eligible to satisfy its intangible	FILE NOW!	!! FEE IS \$5	50.00	40 51 -11-0		^ -		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. Tia on back)	After September 12 Make Check Payab	, 2001 Fee wi	II be \$750.00	10. Election Campaign F Trust Fund Contribut		\$5. □ Add	00 May Be ed to Fees	
Tax filing	requirement and elects to do so.	After September 12 Make Check Payab	, 2001 Fee wi	II be \$750.00 nent of State		ion.	☐ Add	ed to Fees	_
Tax filing (See criter	requirement and elects to do so. ria on back) OFFICERS AND I	After September 12 Make Check Payab	, 2001 Fee wi le to Departm	II be \$750.00 nent of State	Trust Fund Contribut	ion.	☐ Add	ed to Fees	(2/01)
Tax filing (See criter	requirement and elects to do so. ria on back) OFFICERS AND I	After September 12 Make Check Payab DIRECTORS	, 2001 Fee wi le to Departm	ll be \$750.00 nent of State	Trust Fund Contribut	ion.	D DIRECTO	ed to Fees	134 (5/01)
Tax filing (See criter 11. TITLE NAME	requirement and elects to do so. ria on back) OFFICERS AND I ST BLUMENSTINE, TAMMY	After September 12 Make Check Payab DIRECTORS	, 2001 Fee wi le to Departm 12.	ili be \$750.00 nent of State Al	Trust Fund Contribut	ion.	D DIRECTO	ed to Fees	R2E034 (5/01)
Tax filing (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	officers and offic	After September 12 Make Check Payab DIRECTORS	12. TITLE NAME STREET ADDRE CITY-ST-ZIP	III be \$750.00 nent of State Al	Trust Fund Contribut DDITIONS/CHANGES TO OF	ion.	D DIRECTO	ed to Fees	CR2E034 (5/01)
Tåx filing (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	officers and offic	After September 12 Make Check Payab DIRECTORS Delete	, 2001 Fee will to Departm 12. TITLE NAME STREET ADDRE CITY-ST-ZIP	PRESID BLUME	Trust Fund Contribut DDITIONS/CHANGES TO OF ENT - VICE PR USTINE, MARC TO ST	FICERS AN	☐ Add	RS IN 11 Addition	CR2E034 (5/01)
Tax filing (See crite) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	officers and elects to do so. OFFICERS AND I ST BLUMENSTINE, TAMMY 1795 DAYTONIA ROAD MIAMI FL 33141	After September 12 Make Check Payab DIRECTORS Delete Delete	, 2001 Fee will be to Departm 12. TITLE NAME STREET ADORE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP	III be \$750.00 nent of State Al Al Al BLUME	Trust Fund Contribut DDITIONS/CHANGES TO OF ENT - VICE PR USTINE, MARC TO ST	FICERS AN	☐ Add	RS IN 11 Addition	CR2E034 (5/01)
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13. I hereby certify that the information supplied with this filling 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: _

305-358-363Z