

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90236 022 ***158.75

DOCUMENT # P94000070005

1. Entity Name
SOLUTIONS-MARINER, INC.

Principal Place of Business

Mailing Address

~~757 ARTHUR GODFREY RD~~
MIAMI 1108 Kane Concourse, Suite 307
US Bay Harbor Islands, FL 33154

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MIAMI 1108 Kane Concourse, Suite 307
US Bay Harbor Islands, FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0524432**

Applied For
 Not Applicable

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

HAIMAN, BARRY G
~~757 ARTHUR GODFREY RD~~ **1108 Kane Concourse, Suite 307**
~~MIAMI BEACH FL 33140~~ **Bay Harbor Islands, FL 33154**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HAIMAN, BARRY G | |
| STREET ADDRESS | 9801 COLLINS AVE | |
| CITY-ST-ZIP | BAL HARBOUR FL 33154 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GAUBERT, GLENDA | |
| STREET ADDRESS | COLONIAL BANK, 1200 BRICKELL AVE. | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JONES, LUYERNE | |
| STREET ADDRESS | 1 SE 3RD AVE 20TH FLOOR | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCNABB, ROBERT F | |
| STREET ADDRESS | 9500 SW 184 STREET | |
| CITY-ST-ZIP | MIAMI FL 33157 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MAYES, CARL | |
| STREET ADDRESS | 6602 NW 3RD STREET | |
| CITY-ST-ZIP | MARGATE FL 33063 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GORDON, ALAN | |
| STREET ADDRESS | 628 8TH AVENUE NORTH | |
| CITY-ST-ZIP | JACKSONVILLE BEACH FL 32250 | |

| | | |
|----------------|-------------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BARASCH, STUART | |
| STREET ADDRESS | 353 W. 47 STREET | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33141 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HARRISON, BETSY | |
| STREET ADDRESS | 34 PATTON DRIVE | |
| CITY-ST-ZIP | PENSACOLA, FL 32507 | |
| 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 | 1997 SPOONBILL STREET | |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32224 | |

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-02 **305.865-4555**
 Date Daytime Phone #

CR2E034 (9/01)