

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90037 037 ***150.00

DOCUMENT # P94000082132

1. Entity Name

SUNDANCE MARINE NORTH, INC.

Principal Place of Business

Mailing Address

**3321 NW INDIAN RIVER DRIVE
 JENSEN BEACH FL 34957
 US**

**3321 NW INDIAN RIVER DRIVE
 JENSEN BEACH FL 34957-4109
 US**

715264



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0534173

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HERMAN, BRUCE
 1401 E. BROWARD BLVD.
 SUITE 206
 FORT LAUDERDALE FL 33301**

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, 2000 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	VP	<input type="checkbox"/> Delete
NAME	MELES, MITCHELL	
STREET ADDRESS	3321 NE INDIAN RIVER DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CLAWGES, JOSEPH V	
STREET ADDRESS	1335 SE 16TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MELES, JUDI	
STREET ADDRESS	3321 NE INDIAN RIVER DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLAWGES, LORI	
STREET ADDRESS	1335 SE 16TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

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

2/10/00
 Date

Daytime Phone #

CR2E034 (9/99)