

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90033 012 ***150.00

DOCUMENT # P95000001914

1. Entity Name

P&O PORTS FLORIDA, INC.

Principal Place of Business

**1007 NORTH AMERICA WAY
DODGE ISLAND
MIAMI FL 33132
US**

Mailing Address

**99 WOOD AVE SOUTH
8TH FLOOR
ISELIN NJ 08830
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0544469

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 **DP** ☐ Delete
NAME **SIMMERS, THOMAS J**
STREET ADDRESS **99 WOOD AVENUE SOUTH**
CITY-ST-ZIP **ISELIN NJ 08830**

TITLE **EVS** ☒ Delete
NAME **WEST, NICHOLAS A**
STREET ADDRESS **99 WOOD AVENUE SOUTH**
CITY-ST-ZIP **ISELIN NJ 08830**

TITLE **VP** ☐ Delete
NAME **CASHON, BRUCE**
STREET ADDRESS **99 WOOD AVENUE**
CITY-ST-ZIP **ISELIN NJ 08830**

TITLE **V** ☐ Delete
NAME **MORTON, CHRISTOPHER C**
STREET ADDRESS **1007 N AMERICA WAY**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **VC** ☐ Delete
NAME **LACQUA, ROBERT A**
STREET ADDRESS **99 WOOD AVENUE**
CITY-ST-ZIP **ISELIN NJ 08830**

TITLE **V** ☐ Delete
NAME **RUTER, HERMAN**
STREET ADDRESS **99 WOOD AVENUE**
CITY-ST-ZIP **ISELIN NJ 08830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Executive Vice President** ☐ Change ☒ Addition
NAME **Patrick Walters**
STREET ADDRESS **99 Wood Avenue South - 8TH Floor**
CITY-ST-ZIP **Iselin, NJ 08830**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Patrick Walters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

732-635-3839

Date

Daytime Phone #

CR2E034 (9/01)