

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039230

1. Entity Name

CARRIBEAN MARINE, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90139 036 ***158.75

Principal Place of Business

2629 N.W. 16TH ST. RD.
MIAMI FL 33125

Mailing Address

2629 N.W. 16TH ST. RD.
MIAMI FL 33125

2. Principal Place of Business

2617 N.W. 16TH ST. RD.

3. Mailing Address

2617 N.W. 16TH ST. RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0803718

Applied For

Not Applicable

Zip

33125

Country

DADE

Zip

33125

Country

DADE

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AGRA, JOSE M
2629 N.W. 16TH ST. RD.
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name JOSE M. AGRA

Street Address (P.O. Box Number is Not Acceptable)

2617 N.W. 16TH ST. RD.

City

MIAMI

FL

Zip Code

33125

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

01-21-01

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 NAME STREET ADDRESS CITY-ST-ZIP	P AGRA, JOSE M 2629 N.W. 16TH ST. RD. MIAMI FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2617 NW 16TH ST. RD MIAMI, FL. 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-01

Date

305-635-6945

Daytime Phone #

CR2E034 (10/00)

0145 2