

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000064243**

1. Entity Name

MODERN MARINE INCORPORATED

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90298 005 ***150.00

Principal Place of Business

**2642 NE 212 TERR
MIAMI FL 33180
US**

Mailing Address

**2642 NE 212 TERR
MIAMI FL 33180
US**

2. Principal Place of Business

1600 NE 177 ST

Suite, Apt. #, etc.

3. Mailing Address

1600 NE 177 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0606247

Applied For

Not Applicable

Zip

33162

Country

USA

Zip

33162

Country

USA

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

RAMSAY, PHILLIP

**2642 NE 212 TERRACE
MIAMI FL 33180**

**1600 NE 177 ST
MIAMI, FL 33162**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DPT**
STREET ADDRESS **RAMSEY, FRANCIS H**
CITY-ST-ZIP **LIMA, ADELPHI P.O.
ST. JAMES, JAMAICA**

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

TITLE ☐ Delete
NAME **DVS**
STREET ADDRESS **RAMSEY, MARJORIE E**
CITY-ST-ZIP **LIMA, ADELPHI P.O.,
ST. JAMES, JAMAICA**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RAMSAY, PHILLIP**
CITY-ST-ZIP **2642 NE 212 TERRACE
MIAMI FL 33180**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4th 10. 01

CR2E034 (10/00)