

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073232

1. Entity Name

DELTA MARINE INTERNATIONAL, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90048 008 ***150.00

Principal Place of Business

Mailing Address

7141 NW 5TH ST
PLANTATION FL 33317
US

P O BOX 15458
PLANTATION FL 33318-5458
US

2. Principal Place of Business

1700 NW 65th Ave
Suite, Apt. #, etc.
Suite 8

3. Mailing Address

PO Box 15458
Suite, Apt. #, etc.

City & State

FT Lauderdale, FL

City & State

Plantation, FL

Zip

33317

Country

USA

Zip

33318

Country

4. FEI Number

65-0609628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUGHES, DIANE S
7141 NW 5TH ST
PLANTATION FL 33317

7. Name and Address of New Registered Agent

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

TITLE PD
NAME HUGHES, KENNETH D
STREET ADDRESS 6450 SW 8 STREET
CITY-ST-ZIP PLANTATION FL 33317
7141 NW 5th St

TITLE VTSD
NAME HUGHES, DIANE S
STREET ADDRESS 6450 SW 8 STREET
CITY-ST-ZIP PLANTATION FL 33317
7141 NW 5th St

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: Diane S. Hughes Diane S. Hughes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

791-0909(954)

Daytime Phone #

CR2E034 (9/99)