

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000074883**

1. Entity Name

GLOBAL MARINE WELDING, INC.**FILED**
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90039 026 ***150.00

Principal Place of Business

Mailing Address

**7700 N KENDALL DR SUITE 415
MIAMI FL 33156****7700 N KENDALL DR SUITE 415
MIAMI FL 33156-7565**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0611969

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

**LEITMAN, LORN
7700 N KENDALL DR SUITE 415
MIAMI FL 33156**

Name

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

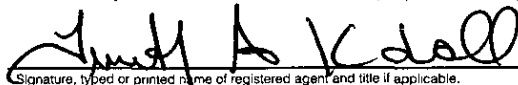
City

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



(NOTE: Registered Agent signature required when reinstating)

2-5-00

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
	D			☐ Delete					☐ Change	☐ Addition
	(KENDALL, TIMOTHY.A)									
		19630 LENAIRE DR	MIAMI FL 33157							
	D			☐ Delete					☐ Change	☐ Addition
	LEITMAN, LORN									
		8120 SW 86 TERR	MIAMI FL 33143							
				☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-00 305 238 5086

CR2E034 (9/99)