## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2001 8:00 am Secretary of State DOCUMENT # P95000094469 05-16-2001 90102 005 \*\*\*150.00 COMMERCIAL MARINE LEASING, INC. Principal Place of Business Mailing Address 3149 J.P. CURCI DR. #1A-1 3149 J.P. CURCI DR. #1A-1 PEMBROKE PARK FL 33009 PEMBROKE PARK FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0639596 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARTINI, KEVIN Street Address (P.O. Box Number is Not Acceptable) 3149 J.P. CURCI DR. #1A-1 PEMBROKE PARK FL 33009 City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Change ☐ Addition ☐ Delete MARTINI, KEVIN NAME NAME STREET ADDRESS 3149 J.P. CURCI DR. #1A-1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PARK FL 33009 Addition ☐ Delete ☐ Change TITLE TITLE MARTINI, NINO NAME STREET ADDRESS 3149 J.P. CURCI DR. #1A-1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE PEMBROKE PARK FL 33009 □ Change Addition ST Delete TITLE TITLE CHANG, ALBERT NAME NAME STREET ADDRESS 3149 J.P. CURCI DR. #1A-1 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PEMBROKE PARK FL 33009 GINA DURNAK VD = Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS PEMBROKE PACK CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

954. 927. 9800 Daytime Phone #

FILED