

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 24, 2002 8:00 am**  
**Secretary of State**

06-24-2002 90297 020 \*\*\*150.00

**DOCUMENT # P95000094469**

1. Entity Name

**COMMERCIAL MARINE LEASING, INC.**

Principal Place of Business

~~3140 J.P. CURCI DR. #1A-1~~  
~~PEMBROKE PARK FL 33009~~

Mailing Address

~~3140 J.P. CURCI DR. #1A-1~~  
~~PEMBROKE PARK FL 33009~~

2. Principal Place of Business

**2420 DIANA DR.**

Suite, Apt. #, etc.

**101**

3. Mailing Address

**(SAME)**

Suite, Apt. #, etc.

City & State

**GOLDEN ISLES, FL**

City & State

Zip

**33009-4803**

Country

**USA**

Zip

Country

4. FEI Number

**65-0639596**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~MARTINI, KEVIN~~

~~3140 J.P. CURCI DR. #1A-1~~

~~PEMBROKE PARK FL 33009~~

7. Name and Address of New Registered Agent

Name

**NINO MARTINI**

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

**2420 DIANA DR. / SUITE 101**

City

**GOLDEN ISLES**

FL

Zip Code

**33009-4803**

8. The above named entity certifies 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.

**NINO MARTINI**

(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, 2002 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** ☒ Delete  
NAME ~~MARTINI, KEVIN~~  
STREET ADDRESS ~~3140 J.P. CURCI DR. #1A-1~~  
CITY-ST-ZIP ~~PEMBROKE PARK FL 33009~~

TITLE **ST** ☒ Delete  
NAME **MARTINI, NINO**  
STREET ADDRESS ~~3140 J.P. CURCI DR. #1A-1~~  
CITY-ST-ZIP ~~PEMBROKE PARK FL 33009~~

TITLE **VO** ☒ Delete  
NAME **BURNAK, GINA**  
STREET ADDRESS ~~3140 J.P. CURCI DRIVE #1A-1~~  
CITY-ST-ZIP ~~PEMBROKE PINES FL 33009~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **NINO MARTINI**  
STREET ADDRESS **2420 DIANA DRIVE - SUITE 101**  
CITY-ST-ZIP **GOLDEN ISLES, FL 33009-4803**

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

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

TITLE ☐ Change ☐ Addition  
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 an other like empowered.

SIGNATURE:

**NINO MARTINI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01/01/02 954.457-2299**

CR2E034 (9/01)