

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # P96000032892

1. Entity Name

MCKENNA MARINE CORPORATION

Principal Place of Business

890 S DIXIE HIGHWAY
CORAL GABLES FL 33146

Mailing Address

890 S DIXIE HIGHWAY
CORAL GABLES FL 33146-2609

2. Principal Place of Business

11077 BISC. BLVD
Suite, Apt. #, etc.
#307

3. Mailing Address

11077 BISC. BLVD
Suite, Apt. #, etc.
#307

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33161

Country

USA

Zip

33161

Country

USA

4. FEI Number

65-0666791

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHREIBER, GERHARDT-A
2222 PONCE DE LEON BLVD
PENTHOUSE STE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: RICHARD BARON, ESQ
Street Address (P.O. Box Number is Not Acceptable):
11077 BISC. BLVD #307
City: MIAMI FL Zip: 33161

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

Richard Baron
RICHARD BARON, SEC/TREAS 5/21/00
(NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	MCKENNA, LISA	
STREET ADDRESS	501 SE 19TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCKENNA, ALAN	
STREET ADDRESS	501 SE 19TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ALAN MCKENNA SEC/TREAS 4/11/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

954 717 9905

FILED
Jun 01, 2000 8:00 am
Secretary of State

04-18-2000 90269 016 ***150.00



DO NOT WRITE IN THIS SPACE