

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034034

1. Entity Name

NORDIC MARINE MANAGEMENT, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90034 021 ***150.00

Principal Place of Business

1525 SOUTH ANDREWS AVE
SUITE 218
FORT LAUDERDALE FL 33316

Mailing Address

1323 SE 17 STREET
SUITE #521
FT. LAUDERDALE FL 33316-1707

2. Principal Place of Business

3. Mailing Address

PMB S21

Suite, Apt. #, etc.

1323 SE 17 ST

City & State

Ft. Lauderdale, FL.

Zip

33316

Country

USA



DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

USA

4. FEI Number

65-0859066

Applied For

Not Applicable

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

MORAITIS, ROBERT J
1310 SE THIRD AVENUE
FORT LAUDERDALE FL 33316

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPV
HUZZELL, ULF
1323 SE 17TH STREET SUITE 521
FORT LAUDERDALE FL 33316

☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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1323 SE 17TH STREET SUITE 521
FORT LAUDERDALE FL 33316

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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

ulf Huzzell / Pres.

April 24-2000

Daytime Phone #

954-524-0025

CR2E034 (9/99)