

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072708

1. Entity Name

MARINE NETWORK, INC.

Principal Place of Business

3350 NW 21 ST
MIAMI FL 33142
US

Mailing Address

3350 NW 21 ST
MIAMI FL 33142
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0710051

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

SOTO, VICENTE

3350 NW 21ST STREET
MIAMI FL 33142

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 fee if applicable

(NOTE: Registered Agent signature required when resigning)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOTO, VICENTE 3350 NW 21ST STREET MIAMI FL 33142	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-634-7100

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 18 AM 8:01



11/20/02 01080 001

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)



November 6, 2002

Ms. Pat Bailey
Accountant II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Bailey:

RE: MARINE NETWORK, INC.
DEBIT MEMO # 25557-K
DOCUMENT # P96000072708

Further to your telephone conversation with my secretary earlier today concerning your letter dated October 25th enclosing a Certificate of Dissolution and a returned check in the amount of \$150.00, I sincerely regret that this matter was overlooked by my office and not dealt with opportuntely.

It wasn't until a couple of weeks ago I discovered that the person who, up till October 29th last, had been in charge of office administration and daily accounting, was not keeping proper records of check payments or incoming correspondence. She had not informed me of the bank having returned the aforementioned check, nor had she given me your recent correspondence. Needless to say, this person no longer works for Marine Network and I now have two very trustworthy employees taking care of these matters correctly.

Please find enclosed check for \$165.00 which I hope will enable my corporation to continue operations and take this opportunity to reiterate my apologies.

Your understanding would be greatly appreciated.

Yours sincerely,


VICENTE SOTO
President

Enc.