

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073840

1. Entity Name

S & E MARINE COMPANY

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

02-07-2000 90066 002 ***150.00

Principal Place of Business

Mailing Address

17556 LAKE ESTATES DR
BOCA RATON FL 33446
US

17556 LAKE ESTATES DR
~~SUITE 310 EAST~~
BOCA RATON FL 33496-1412
US

2. Principal Place of Business

1181 S. ROGERS Circle

3. Mailing Address

1181 S. ROGERS Circle

Suite, Apt. #, etc.

Suite 14

Suite, Apt. #, etc.

Suite 14

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487

Country

USA

Zip

33487

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0707758

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

BREGMAN, HOWARD
777 SOUTH FLAGLER DRIVE
SUITE 310 EAST
WEST PALM BEACH FL 33401

Name

Arnold Cohen, Esq.

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

2424 N. Federal Hwy #314

City

Boca Raton

FL

Zip Code

33431

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

Arnold Cohen

1/21/00

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	PD BRODY, STEVEN 17556 LAKE ESTATES DRIVE BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRODY, ELLIOT 17556 LAKE ESTATES DRIVE BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRODY, HELENE 17556 LAKE ESTATES DRIVE BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T, D. BRODY, STEVEN 1001 SE 11th Street Deerfield Bch, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

Arnold Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

561-988-9103

Date

Daytime Phone #