## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P97000030733

1. Entity Name

S.E. MARINE FUEL, INC.



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90164 045 \*\*\*150.00

Principal Place of Business 2051 GRIFFIN RD FT LAUDERDALE FL 33312 US 2. Principal Place of Business				Mailing Address 5303 SW 118TH AVE COOPER CITY FL 33330 US 3. Mailing Address										
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State				City & State			4.	4. FEI Number 65-0746318					plied For t Applicable	
Zip	Country			Zip Cour								\$8.75 Additional Fee Required		
	6. Name	and Address of Currer	7. Name and Address of New Registered Agent											
							Name							
FILINGS, INC. 3732 N.W. 16TH STREET							Street Address (P.O. Box Number is Not Acceptable)							
	RDALE FL													
											FL	Zip Code	9	
8. The above the obligat	named entity	submits this statement ered agent.	for the purp	ose of changing its r	egistere	ed office or i	registered aç	gent, or both,	in the State o	f Florida.	I am fan	niliar with,	and accept	
SIGNATURE .	Signature typed	or printed name of registered age	ot and title if ann	nlicable (NOTE	Registere		e required when r	reinstating)			DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Elec Trusi	tion Campaigr t Fund Contrib	ution.		Added	0 May Be to Fees	
10. OFFICERS AND D				DIRECTORS 11.			ΑI	DDITIONS/C	HANGES TO	OFFICERS				
NAME STREET ADDRESS		en 18th ave City fl 33330 =		☐ Delete		i						] Change	Addition	
	ST BASS, S.L 5303 SW	18TH AVE DERDALE FL 33330	- 3011	☐ Delete								_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TONI DAO	DENDALE TE 38000		☐ Delete	TITLE NAM STRE				-	·· ···	Ε	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Ē	] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete								] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- 1					Ċ	_ Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03 954-986-4496