

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
 05-05-2001 90826 033 ***158.75

DOCUMENT # P97000040221

1. Entity Name
MARINE FLUSH SYSTEMS, INC.

Principal Place of Business

20985 SW 84 AVE
 MIAMI FL 33189

Mailing Address

20985 SW 84 AVE
 MIAMI FL 33189

2. Principal Place of Business

19901 SW 83 AVE

3. Mailing Address

19901 SW 83 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami, FL

City & State

miami, FL

Zip

Country

33189 USA

Zip

Country

33189 USA

4. FEI Number

65-0750453

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

Name

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

City

FL

Zip Code

ANDERSON, KENNETH J
 20985 SW 84 AVE
 MIAMI FL 33189

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, 2001 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
 PSTD
 ANDERSON, KENNETH J
 20985 SW 84 AVE
 MIAMI FL 33189 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSTD
 Anderson, Kenneth J
 19901 SW 83 AVE
 miami FL 33189 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 GOMEZ, LISA
 20985 SW 84 AVE
 MIAMI FL 33189 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 Gomez, Lisa
 19901 SW 83 AVE
 miami FL 33189 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 (305)259-0780
 Date Daytime Phone #

CR2E034 (10/00)