

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045817

1. Entity Name

BEST MARINE CARPENTRY, INC.

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90015 003 ***150.00

3835150
AV

Principal Place of Business

2238 SW 34TH STREET
FORT LAUDERDALE FL 33335

Mailing Address

2238 SW 34TH STREET
FORT LAUDERDALE FL 33335

2. Principal Place of Business

2238 SW 34 Street

3. Mailing Address

2238 SW 34 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33312

Country

U.S.A.

Zip

33312

Country

U.S.A

4. FEI Number

65-0904886

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEJIA, JOSE G
2238 SW 34TH STREET
FORT LAUDERDALE FL 33335

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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

CR2E034 (9/01)

TITLE PD
NAME MEJIA, JOSE G
STREET ADDRESS 2238 SW 34TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33335 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

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

Date

Daytime Phone #