

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 097000047042
 1. Entity Name
MARITIME BROKERS INC.

APPROVED
AND
FILED

00 OCT 12 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business <u>6538 COLLINS AVENUE</u> <u>#342</u> <u>MIAMI BEACH, Florida 33142</u>		Mailing Address <u>6538 COLLINS AVENUE</u> <u>#342</u> <u>MIAMI BEACH, Florida 33142</u>	
2. Principal Place of Business <u>6538 COLLINS AVENUE</u> <u>#342</u> <u>MIAMI BEACH, Florida 33142</u>		3. Mailing Address <u>6538 COLLINS AVENUE</u> <u>#342</u> <u>MIAMI BEACH, Florida 33142</u>	
City & State <u>MIAMI BEACH</u> <u>FL</u>		City & State <u>MIAMI BEACH</u> <u>FL</u>	
Zip <u>33142</u>	Country <u>U.S.A.</u>	Zip <u>33142</u>	Country <u>U.S.A.</u>

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <u>BARBARA MATUTE</u> <u>6538 COLLINS AVENUE</u> <u>#342</u> <u>MIAMI BEACH, FL 33141</u>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>500003447075--2</u> <u>-11/01/00--01062--003</u> City <u>***\$500.00</u> <u>***\$500.00</u>	
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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 Barbara Matute 500003447075--2
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) -11/01/00--01062--004
***\$258.75 ***\$258.75

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 <u>0</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>JOSE AMERIDA</u> <u>251-174th ST. #2207</u> <u>MIAMI BEACH, Florida 33160</u> ☒ Delete	TITLE <u>P</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>PAUL DE QUEZADA</u> <u>6538 COLLINS AVENUE #342</u> <u>MIAMI BEACH, Florida 33141</u> ☐ Change ☒ Addition
TITLE <u>P</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>LEONARDO AMERIDA</u> <u>251-174th ST. #2207</u> <u>MIAMI BEACH, Florida 33160</u> ☒ Delete	TITLE <u>T</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>BARBARA MATUTE</u> <u>6538 COLLINS AVENUE #342</u> <u>MIAMI BEACH, Florida 33141</u> ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE <u>D</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>ANTONIO GUARINO</u> <u>6538 COLLINS AVENUE #342</u> <u>MIAMI BEACH, Florida 33141</u> ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 2000

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: Barbara Matute 10/10/00 (305) 570-5626
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #