FILED
May 28, 2002 8:00 am
Secretary of State
05-01-2002 91513 010 ***150.00

5/1/20

2002 - FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067898

1. Entity Name

MARINTECK, INC.

30661

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18459 PINES BLVD.#140	18459 PINES BLVD.#140
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL.	City & State: PEMBROKE PINES, FL.
Zip: 33029 Country:	Zip: 33029 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0773166 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JEAN A. ROUZIER

Street Address (P.O. Box Number is Not Acceptable): 16229 NW 20th ST.

City: PEMBROKE PINES FL Zip Code: 33028

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 _____ DATE

Signature required when reinstating. (NOTE: Registered Agent signature required when reinstating)

Typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FEE: 1st January 1 - May 1 Fee is $150.00 / 2nd May 1 - After May 1 Fee is $550.00 / Amended UBR is $61.25 / 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

TITLE	P/VP/S/T/D
NAME	JEAN A.ROUZIER
STREET ADDRESS	17258 SW 9 ST
CITY-ST-ZIP	PEMBROKE PINES, FL. 33029

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-16-02 (954)270-9391

Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

CR2E034B (12/01)