

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90007 003 ***150.00

DOCUMENT # P98000016261

1. Entity Name

CF MARINE, INC.

Principal Place of Business

Mailing Address

**445 GRAND BAY DRIVE #1210
 KEY BISCAYNE FL 33149**

**445 GRAND BAY DRIVE #1210
 KEY BISCAYNE FL 33149-1912**

645190



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

425 Grapetree Dr

425 Grapetree Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

211

211

City & State

City & State

Key Biscayne, FL

Key Biscayne, FL

Zip

Zip

Country

Country

33149

USA

33149

USA

4. FEI Number

65-0821231

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

**GUERRIERI, DANIEL
 1221 BRICKELL AVENUE #1020
 KEY BISCAYNE FL 33131**

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, 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	D	<input type="checkbox"/> Delete
NAME	FITTIPALDI, CHRISTIAN	
STREET ADDRESS	445 GRAND BAY DRIVE #1210	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSON, RALPH	
STREET ADDRESS	445 GRAND BAY DRIVE #1210	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITTIPALDI, SUZANNE	
STREET ADDRESS	445 GRAND BAY DRIVE #1210	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	425 Grapetree Dr	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	425 Grapetree Dr	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	425 Grapetree Dr	
CITY-ST-ZIP	Key Biscayne, FL 33149	
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00 (305) 361-7899
 Date Daytime Phone #

CR2E034 (9/99)