

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90031 048 ***150.00

DOCUMENT # P98000016261

1. Entity Name
CF MARINE, INC.

Principal Place of Business

**425 GRAPETREE DR
 #211
 KEY BISCAYNE FL 33149**

Mailing Address

**425 GRAPETREE DR
 #211
 KEY BISCAYNE FL 33149**

2. Principal Place of Business

975 Crandon Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

975 Crandon Blvd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Key Biscayne, FL
 Zip
33149
 Country
U.S.A.

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Key Biscayne, FL
 Zip
33149
 Country
U.S.A.

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

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

7. Name and Address of New Registered Agent

Name **Daniel Guerrieri**
 Street Address (P.O. Box Number is Not Acceptable)
6302 SW 41 St.
 City **Miami** **FL** Zip Code **33155**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FITTIPALDI, CHRISTIAN	
STREET ADDRESS	425 GRAPETREE DR	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSON, RALPH	
STREET ADDRESS	425 GRAPETREE DR	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITTIPALDI, SUZANNE	
STREET ADDRESS	425 GRAPETREE DR	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fittipaldi, Christian	
STREET ADDRESS	975 Crandon Blvd	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hanson, Ralph	
STREET ADDRESS	975 Crandon Blvd	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fittipaldi, Suzanne	
STREET ADDRESS	975 Crandon Blvd	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christian Fittipaldi

Date

4/25/01 (305) 221-7371

Daytime Phone #

CR2E034 (10/00)