

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90132 008 \*\*\*150.00

**DOCUMENT # P98000023084**

1. Entity Name  
**C M P MARINE, INC.**

Principal Place of Business  
**519 SW 9TH STREET  
FORT LAUDERDALE FL 33315**

Mailing Address  
**519 SW 9TH STREET  
FORT LAUDERDALE FL 33315**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0819155**

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

**PILSKE, CHRISTOPHER  
519 SW 19TH STREET  
FORT LAUDERDALE FL 33315**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DP			
	PILSKE, CHRISTOPHER	8202 SW 61ST AVENUE	MIAMI FL 33143	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

**CHRISTOPHER PILSKE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-02

Date

305431-1244

Daytime Phone #

CR2E034 (4/02)

Attachment

# P88 000023084  
122693

**CMP MARINE, INC.**

519 sw 9th street  
Fort Lauderdale, FL 33315  
954 -763-2780  
305 -431-1244

July 22, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom it May Concern:

Please be advised that CMP Marine Inc., did not receive the initial 2002 filing information for the Uniform Business Report.

After contacting your office by telephone, I was advised to return the second notice, along with a letter, and the initial payment required of \$150.00 for renewal.

CMP Marine, Inc. FEI Number: 65-0819155

Enclosed is the signed report along with payment.

I can be reached at 305-431-1244, should any problems arise.

Sincerely,



Christopher Pliske  
President