2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P98000036954 **DOCUMENT #** 1. Entity Name



04-14-2003 90419 013 ***150.00

G & R MARINE IMPORT/EXPORT, INC.											
Principal Place of Business 13031 SW 122 AVE MIAMI FL 33186		1303	Mailing Address 13031 SW 122 AVE MIAMI FL 33186								
2. Principal Place of Business		3. Mai	3. Mailing Address					0111 00111 00111 00111 0011)	B1691 B1B1 9781	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City	City & State			4	4. FEI Number 65-0839946 Applied For Not Applicable			<u> </u>	
Zip Country		Zip	Zip Coun		ry	5	6. Certificate of Status	Desired	\$8.75 Ad		
	6. Name and Address of Curi	ent Registere	ed Agent	<u>'</u>		7	. Name and Address	of New Registered			
			and the same	, care on	Name:	701	FZ PEDE	OB	**-		
	es, pedro a V 122ND ave		Stre			reet Address (P.O. Box Number is Not Acceptable) 3031 SW 122 ND AVE					
MIAMI FL	the state of the s						-				
. '						City MIAMI			FL Zip Code		
	named entity submits this stateme	nt for the purp	ose of changing it	ts registere				tate of Florida. I am	familiar with,	and accept	
CONATURE	ions of registered agent. Signature, typed or printed name of registered in	agent and title if age	Nicable (NC	OTE: Registered	Agent signature re	ouired who	en reinstating)	DATE			
		agent and title if apt	oricable. (NC	JTE: Registered	Agent signature re	iquired whe		- DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Department						9. Election Can Trust Fund C	npaign Financing ontribution.		00 May Be d to Fees	
10.		AND DIRECTO	I DRS	11.			L ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTOR	S IN 11	
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CITY-ST-ZIP	MIAMI FL 33186				ST-ZIP						
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indicated of the cor	certify that the information supplied on this report or supplemental rep poration or the receiver or trustee or or on an attachment with an adors	ort is true and	accurate and that execute this report	t my signati irt as require	ıre shali have	the san	ne legal effect as if mac	te under oath; that i	am an office	or airector	

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OF THE THE NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #