

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90133 016 ***150.00

DOCUMENT # P98000043509

1. Entity Name

COASTAL MARINE MANAGEMENT, INC.

Principal Place of Business

10530 SW 77TH AVE.
MIAMI FL 33156

Mailing Address

10530 SW 77TH AVE.
MIAMI FL 33156

2. Principal Place of Business

7380 SW 121 St.

Suite, Apt. #, etc.

3. Mailing Address

7380 SW 121 St.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0936259

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

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

MARCUS, ALAN K ESQUIRE
7300 N. KENDALL DR.,STE.540
MIAMI FL 33156

Name

Alan K. Marcus, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1320 So Dixie Hwy.

Suite 1045

City

Coral Gables FL

FL

Zip Code

33146

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME D
STREET ADDRESS BODENHAMER, WILLIAM S JR.
CITY-ST-ZIP 10530 SW 77TH AVE.
MIAMI FL 33156

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS BODENHAMER, WILLIAM S JR.
CITY-ST-ZIP 7380 SW 121 Street
Miami, FL 33156

TITLE ☒ Delete
NAME D
STREET ADDRESS MARCUS, ALAN K
CITY-ST-ZIP 7300 NO. KENDALL DR.,STE.540
MIAMI FL 33156

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS MARCUS, ALAN K
CITY-ST-ZIP 1320 S. Dixie Highway, Suite 1045
Coral Gables, FL 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4/20/01

Date

Daytime Phone #

CR2E034 (10/00)