

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90084 033 ***150.00

DOCUMENT # P98000061064

1. Entity Name

CARIBBEAN MARITIME AGENCY, INC.

Principal Place of Business

Mailing Address

%NILES, DOBBINS, MEEKS, ET AL
 2601 E. OAKLAND PARK BLVD., STE. 400
 FT. LAUDERDALE FL 33306

%NILES, DOBBINS, MEEKS, ET AL
 2601 E. OAKLAND PARK BLVD., STE. 400
 FT. LAUDERDALE FL 33306-1612

2. Principal Place of Business

3200 S.E. 14th Ave.

3. Mailing Address

P. O. Box 21073

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Fl.

City & State

Ft. Lauderdale, Fl.

4. FEI Number

65-0868609

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

33355

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

NILES,, DOBBINS, MEEKS, RALEIGH & DOVER
 2601 E. OAKLAND PARK BLVD.
 SUITE 400
 FT. LAUDERDALE FL 33306

Name

Willard D. Dover

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

2601 E. Oakland Park Blvd.

City

Fort Lauderdale

FL

Zip 33306

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)

1/4/00

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 Delete
 NAME **D NIR, AVI**
 STREET ADDRESS **PO BOX 21073**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33335**

TITLE Change Addition
 NAME **Nir, Avi**
 STREET ADDRESS **3200 S.E. 14th Ave.**
 CITY-ST-ZIP **Ft. Lauderdale, Fl. 33316**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-764-1171

Daytime Phone #

CR2E034 (9/99)