

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 %NILES, DOBBINS, MEEKS, ET AL 2601 E. OAKLAND PARK BLVD., STE. 400 FT. LAUDERDALE FL 33306	Mailing Address %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. Suite, Apt. #, etc.	3. Mailing Address P. O. Box 21073 Suite, Apt. #, etc.
--	--

City & State Ft. Lauderdale, Fl.	City & State Ft. Lauderdale, Fl.	4. FEI Number 65-0868609	Applied For <input type="checkbox"/> Not Applicable
Zip 33316	Country USA	Zip 33355	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
NILES,, DOBBINS, MEEKS, RALEIGH & DOVER
2601 E. OAKLAND PARK BLVD.
SUITE 400
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

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 _____ DATE 1/4/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D NIR, AVI PO BOX 21073 FT. LAUDERDALE FL 33335 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nir, Avi 3200 S.E. 14th Ave. Ft. Lauderdale, Fl. 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: SIGNATURE REQUIRED **954-764-1171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)