

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90376 006 \*\*\*150.00

DOCUMENT #

1. Entity Name **PR MARINE INC.**

Principal Place of Business

Mailing Address

**1535 SE 17TH STREET (SAME)  
 THE QUAY SUITE 121  
 FORT LAUDERDALE FLORIDA 33316**

2. Principal Place of Business

**1535 SE 17 ST**

3. Mailing Address

**1535 SE 17 ST**

Suite, Apt. #, etc.

**121**

Suite, Apt. #, etc.

**121**

City & State

**FORT LAUDERDALE FL**

City & State

**FORT LAUDERDALE**

4. FEI Number

**065-0863279**

Applied For

Not Applicable

Zip

**FL 33316**

Country

**USA**

Zip

**FL 33316**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

**SHAHID SHAFIQ VOHRA  
 155 SO. MIAMI AVE #1100  
 MIAMI, FLORIDA 33130**

7. Name and Address of New Registered Agent

Name **SHAHID SHAFIQ VOHRA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1535 SE 17 STREET  
 SUITE 121 THE QUAY  
 FORT LAUDERDALE FL 33316**

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 **SHAHID SHAFIQ VOHRA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

**04-20-2001**

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

TITLE **CEO - PRESIDENT** ☐ Delete  
 NAME **SHAHID SHAFIQ VOHRA**  
 STREET ADDRESS **1535 SE 17 ST SUITE 121**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **DIRECTOR** ☐ Delete  
 NAME **ERICA S VOHRA**  
 STREET ADDRESS **1535 SE 17 ST SUITE 121**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **DIRECTOR** ☐ Delete  
 NAME **SIRFAZ KHAN**  
 STREET ADDRESS **1535 SE 17 ST SUITE 121**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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 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 a name like empowered.

SIGNATURE: **SHAHID SHAFIQ VOHRA**

**04-20-2001 954 463 0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)