

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90450 039 ***150.00

DOCUMENT # P98000072026

1. Entity Name

PR MARINE INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

1535 SE 17 STREET

3. Mailing Address

SAME

Suite, Apt. #, etc.

#121

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FLORIDA

City & State

4. FEI Number

65-0863279

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

Country

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

SITAMID SHAFIQ VOHRA
 155 SO MIAMI AVE #100
 MIAMI FLORIDA 33130

Name

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

City

FL

Zip Code

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, 2002 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	DIP	<input type="checkbox"/> Delete
NAME	SITAMID SHAFIQ VOHRA	
STREET ADDRESS	1535 SE 17 STREET #121	
CITY-ST-ZIP	FORT LAUDERDALE, FLORIDA 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERICA S VOHRA	
STREET ADDRESS	1535 SE 17 STREET #121	
CITY-ST-ZIP	FORT LAUDERDALE, FLORIDA 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APRIL 25, 2002