

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90128 036 \*\*\*150.00

**DOCUMENT # P98000093836**

1. Entity Name  
**MURRAY FENTON MARISERVE, INC.**

|  |   |
|--|---|
| Principal Place of Business<br><b>1824 SE 4TH AVENUE<br/>         FT LAUDERDALE FL 33316<br/>         US</b> | Mailing Address<br><b>1824 SE 4TH AVENUE<br/>         FT LAUDERDALE FL 33163-0367<br/>         US</b> |
|--|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>1300 SE 17<sup>th</sup> ST</b> | 3. Mailing Address<br><b>1300 SE 17<sup>th</sup> ST</b> |
| Suite, Apt. #, etc.<br><b># 219</b>                                 | Suite, Apt. #, etc.<br><b># 219</b>                     |

|  |  |
|--|--|
| City & State<br><b>FORT LAUDERDALE, FL</b> | City & State<br><b>FORT LAUDERDALE, FL</b> |
| Zip<br><b>33316</b>                        | Zip<br><b>33316</b>                        |
| Country<br><b>USA</b>                      | Country<br><b>USA</b>                      |

|  |  |
|--|--|
| 4. FEI Number<br><b>65-0876147</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HELLMAN, MAYNARD J  
 1100 PONCE DE LEON BLVD.  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name **PETER N BAKER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1300 SE 17<sup>th</sup> ST**  
**# 219**  
 City **FT LAUDERDALE** FL Zip Code **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 *Peter N Baker* DATE 17 Apr 2000  
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                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>NOBLE, JOHN CAPT.</b><br><b>82A SOUTHWARK BRIDGE ROAD</b><br><b>LONDON SE1 0AS ENGLAND</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>SOUTAR, W.D.L.</b><br><b>1824 S.E. 4TH AVENUE</b><br><b>FT. LAUDERDALE FL 33316</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>BAKER, PETER. N</b><br><b>1824 S.E. 4TH AVENUE</b><br><b>FT. LAUDERDALE FL 33316</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>MACLAREN, NEIL R</b><br><b>P.O. BOX 610442</b><br><b>NORTH MIAMI E FL 33261</b>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *Peter N Baker* DATE 17 Apr 00 DAYTIME PHONE # 954 761 7934  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)