2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # **P98000097235** SOUTHEAST MARINE GROUP, INC. 05-08-2000 90152 031 ***150.00 Mailing Address Principal Place of Business 9905 S.W. 68 COURT 2550 S BAYSHORE DR COCONUT GROVE FL 33133 MIAMI FL 33156-3050 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0887905 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Bate, andrew H Street Address (P.O. Box Number is Not Acceptable) 9905 S.W. 68 COURT **MIAMI FL 33156** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE Delete TITLE NAME BATE, ELIZABETH J NAME STREET ADDRESS STREET ADDRESS 9905 S.W. 68 COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** Change Addition TITLE TITLE □ Delete NAME BATE, ANDREW H NAME STREET ADDRESS STREET ADDRESS 9905 S.W. 68 COURT CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33156** Change ☐ Addition ☐ Delete TITLE TITLE BRID. DEMETRIO NAME NAME STREET ADDRESS 9905 S.W. 68 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33156 ☐ Addition Change ☐ Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #

changed, or on an attachment with an address, with all other like empowered. Elizabeth J. Bate