

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90377 008 ***150.00

0000101 AV

DOCUMENT #	P98000099596
1. Entity Name	
MARITIME, INDUSTRY TECHNICAL CONSULTANTS, INC.	

Principal Place of Business	Mailing Address
8200 SOUTHWEST 62ND AVENUE	8200 SOUTHWEST 62ND AVENUE
MIAMI FL 33143	MIAMI FL 33143



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
AMERILAWYER	
343 ALMERIA AVENUE	
CORAL GABLES FL 33134	

7. Name and Address of New Registered Agent	
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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	<input type="checkbox"/>
(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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	COVELLA, FEDERICO
STREET ADDRESS	8200 SOUTHWEST 62ND AVENUE
CITY-ST-ZIP	MIAMI FL 33143
<input type="checkbox"/>	Delete
TITLE	STD
NAME	COVELLA, HERLINDA
STREET ADDRESS	8200 SOUTHWEST 62ND AVENUE
CITY-ST-ZIP	MIAMI FL 33143
<input type="checkbox"/>	Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/>	Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/>	Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/>	Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>
<input type="checkbox"/>	Change
<input type="checkbox"/>	Addition
TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>
<input type="checkbox"/>	Change
<input type="checkbox"/>	Addition
TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>
<input type="checkbox"/>	Change
<input type="checkbox"/>	Addition
TITLE	<input type="checkbox"/>
NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>
CITY-ST-ZIP	<input type="checkbox"/>
<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:	HERLINDA COVELLA	04/08/02	305.6651589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/01)