

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90118 002 \*\*\*150.00

**DOCUMENT # P98000101752**  
 1. Entity Name  
**MONACO MARINE MANAGEMENT CO., INC.**

Principal Place of Business <b>1500 CORDOVA ROAD          SUITE 214          FORT LAUDERDALE FL 33316</b>	Mailing Address <b>1500 CORDOVA ROAD          SUITE 214          FORT LAUDERDALE FL 33316</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0886466</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SINGER, STEVEN  
 88 N.E. 168TH STREET  
 NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent  
 Name **Dennis J. Ollie**  
 Street Address (P.O. Box Number is Not Acceptable) **2601 S. Bayshore Drive**  
**Suite 1100**  
 City **Miami** FL Zip Code **33133**

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 *Dennis J. Ollie* DATE 04/19/01  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KELLY, CYNTHIA</b> <b>1500 CORDOVA ROAD, SUITE 214</b> <b>FORT LAUDERDALE FL 33316</b> <input checked="" type="checkbox"/> Delete	TITLE * NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>C. Wayne Helms</b> <b>1500 Cordova Road, Ste 214</b> <b>Fort Lauderdale FL 33310</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TISIER, MICHEL</b> <b>1500 CORDOVA ROAD, SUITE 214</b> <b>FORT LAUDERDALE FL 33316</b> <input checked="" type="checkbox"/> Delete	TITLE * NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>C. Edward Weaver</b> <b>1500 Cordova Road, Suite 214</b> <b>Fort Lauderdale, FL 33310</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *C. Wayne Helms* **C. Wayne Helms, 04/18/01 (954) 462-0116**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)