

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90126 046 ***150.00

DOCUMENT # P99000006661

1. Entity Name
NEWCASTLE MARINE, INC.

Principal Place of Business Mailing Address
 20043 N.E. 39th Place
 Aventura, Florida 33180

2. Principal Place of Business 2875 N.E. 191st Street
 3. Mailing Address c/o Jon Chassen, Esq.

Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 901 201 S. Biscayne Boulevard, 17th Floor

City & State City & State
 Aventura FL Miami, Florida

Zip Country Zip Country
 33180 33131

4. FEI Number 65-0898413
 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Michael B. Denberg
 Fieldstone Lester Shear & Denberg
 2875 N.E. 191st Street, Suite 802
 Aventura, Florida 33180

7. Name and Address of New Registered Agent
 Name Miami Center Registered Agents, Inc.
 Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd., 17th Floor
 City Miami Zip Code FL 33131

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 *Ronny Halperin* Ronny Halperin V.P. 4/18/00
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	Director Lester Miller 20043 N.E. 39 th Place Aventura, Florida 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lester Miller 2875 N.E. 191 st Street Aventura FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lester Miller* 4/19/2000 305-792-2201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)