

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

0035767 AV

**DOCUMENT # P99000006661**

1. Entity Name  
**NEWCASTLE MARINE, INC.**

08-31-2001 90235 036 \*\*\*550.00

Principal Place of Business <b>2875 NE <del>191</del> 191 STREET          STE. 901          AVENTURA FL 33180</b>	Mailing Address <b>C/O JON CHASSEN. ESQ.          201 S. BISCAYNE BLVD. 17TH FL.          MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2875 NE 191 Street</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Ste 901</b>	Suite, Apt. #, etc.
City & State <b>Miami, FL</b>	City & State
Zip <b>33180</b>	Country <b>USA</b>

4. FEI Number <b>65-0898413</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

~~MIAMI CENTER REGISTERED AGENTS, INC.~~  
**201 S. BISCAYNE BLVD. 17TH FL.  
 MIAMI FL 33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<input type="checkbox"/> Delete
<b>D MILLER, LESTER 20043 NE 39 PLACE AVENTURA FL 33180</b>	
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
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **7/24/01** **305 792 2201**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E094 (5/01)

LAW OFFICES  
**KLUGER, PERETZ, KAPLAN & BERLIN, P.A.**

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Seventeenth Floor  
201 So. Biscayne Blvd.  
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ABBEY L. KAPLAN  
STEVEN I. PERETZ  
HOWARD J. BERLIN  
JON CHASSEN  
STEVE I. SILVERMAN  
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ELIOT C. ABBOTT  
GREGORY P. BORGOGNONI  
MICHAEL D. EHRENSTEIN  
RONNY J. HALPERIN  
TODD A. LEVINE

DEBORAH B. TALENFELD  
MICHAEL S. PERSE  
JASON S. OLETSKY  
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ALICE K. SUM  
MICHAEL T. LANDEN  
ROBERT P. CHARBONNEAU  
RACHEL S. HECHT

OF COUNSEL:  
RICHARD SHARPSTEIN

Attachment  
D# 999000000001  
B0063015

August 23, 2001

Division of Corporations  
Florida Secretary of State  
409 East Gaines Street  
Tallahassee, FL 32399

**VIA FEDERAL EXPRESS**

RE: Newcastle Marine, Inc.

Dear Sir/Madam:

In connection with the above-referenced, enclosed please find a completed year 2001 Uniform Business Report together with our client's check No.2882 in the amount of \$550.00 representing the renewal fee required.

If you have any questions or comments, please do not hesitate to call me. My direct telephone number is 305-341-3035. We appreciate your assistance in this matter.

Very truly yours,

KLUGER, PERETZ, KAPLAN & BERLIN, P.A.

*Marie Chavarri*

Marie Chavarri, Paralegal

Enclosures