

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010289

1. Entity Name

ADN MARINE SHIPPING CORP.

FILED

00 SEP 25 AM 10: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

334 BERMUDA SPRINGS DRIVE
WESTON FL 33326

Mailing Address

334 BERMUDA SPRINGS DRIVE
WESTON FL 33326

2. Principal Place of Business

334 BERMUDA SPRING DR.

3. Mailing Address

334 BERMUDA SPRING DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



REINSTATEMENT 2000 SP

City & State

WESTON FLA

City & State

WESTON FLA

4. FEI Number

65-0890911

Applied For

Not Applicable

Zip

33376

Country

BROWARD

Zip

33376

Country

BROWARD

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABRAM, DANIEL H
334 BERMUDA SPRINGS DRIVE
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

DANIEL H ABRAMS SR

Street Address (P.O. Box Number is Not Acceptable)

334 BERMUDA SPRING DR

City

Weston

FL

Zip Code

33376

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 9/1/2000

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 13, 2000 Min. 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: PRESIDENT
NAME: NATHANIEL R. ABRAMS
STREET ADDRESS: 334 BERMUDA SPRING DR.
CITY-ST-ZIP: WESTON FLA 33376 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 700003417637-3
CITY-ST-ZIP: -10/06/00--01127--001
****763.75 ****763.75

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: NATHANIEL R ABRAMS
Daytime Phone #

CR2E034 (5/00)