

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 27, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000013094**

1. Entity Name  
**A AA KMI MARINE, INC.**

Principal Place of Business 771 N.E. 199TH STREET SUITE 101 NORTH MIAMI BEACH 33179	FL	Mailing Address P.O. BOX 221291 HOLLYWOOD 33022	FL
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2. Principal Place of Business P.O. BOX 221291	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State HOLLYWOOD FL	City & State
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Zip 33022	Country	Zip	Country
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4. FEI Number <b>65-0893043</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**VELLA KENNETH S**  
 771 N.E. 199TH STREET  
 SUITE 101  
 NORTH MIAMI BEACH FL  
 33179 US

**7. Name and Address of New Registered Agent**

Name  
**VELLA KENNETH S**  
 Street Address (P.O. Box Number is Not Acceptable)  
 250-187TH STREET  
 City  
**MIAMI BEACH FL** Zip Code  
**33160**

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 **KENNETH S. VELLA**

**02/27/2001**

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, 2001 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	DVPT BAKAR ISAAC PO BOX 641113 MIAMI FL 33164 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS VELLA KENNETH S 771 N.E. 199TH STREET NORTH MIAMI BEACH FL 33179 <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
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 DPS VELLA KENNETH S P.O. BOX 221291 HOLLYWOOD FL 33022
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: **Isaac Bakar**

V

02/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)