

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024788

1. Entity Name

GM MARINA PROPERTIES, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90210 018 ***150.00

Principal Place of Business

4491 ANGLERS AVENUE
DANIA FL 33312

Mailing Address

4491 ANGLERS AVENUE
DANIA FL 33312-5751

2. Principal Place of Business

4550 Anglers Ave
Suite, Apt. #, etc.

3. Mailing Address

4550 Anglers Ave
Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33312

Country

USA

City & State

Fort Lauderdale, FL

Zip

33312

Country

USA

4. FEI Number

65-0917855

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Michael J. Fitzpatrick

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

4550 Anglers Ave

City

Ft Lauderdale

FL

Zip Code

33312

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.

Michael J. Fitzpatrick

1/10/00

(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 PTD ☐ Delete
NAME FITZPATRICK, MICHAEL J
STREET ADDRESS 4491 ANGLERS AVENUE
CITY-ST-ZIP DANIA FL 33312

TITLE SVD ☐ Delete
NAME EISELE, GEOFFREY R
STREET ADDRESS 4491 ANGLERS AVENUE
CITY-ST-ZIP DANIA FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

Michael J. Fitzpatrick

Date

Daytime Phone

(954) 894-9895

1/10/00