2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900030456

1. Entity Name

RUGEN MARINE CORPORATION

Principal Place of Business

Mailing Address

2655 LE JEUNE RD., STE. 1107 CORAL GARLES FL 33134 2655 LE JEUNE RD., STE. 1107

CORAL GABLES FL 33134		CORAL GABLES FL 33134					
) (#811#81 (18 18118 (#171 8671) 8811) 88 111 88 111 88 111	ATIKA Af rik ahad a a hka ahin bak	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 65-0923447	Applied For Not Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Registered	'	
MIR, HECTOR J			Name		* * ·		
2655	LE JEUNE RD., STE. 1107		Street Addr	ress (P.O. 8	Box Number is Not Acceptable)		
COR	AL GABLES FL 33134				1 2 10 10 10		
			City		Fl	Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or re	gistered ag	gent, or both, in the State of Florida.		
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable (NOTE:	Registered Agent signature re	na irad uhan r	einstating) DATE		
	organical of registered against	THE TRAPPICACIO. (NOTE.)	Hegistered Agent signature in	aquired when i	DATE		
9. This corporation is eligible to satisfy its Intangible		FILE NOW!!! FEE IS \$150.00			10. Election Campaign Financing	\$5.00 May Be	
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St			Trust Fund Contribution.	Added to Fees	
11. OFFICERS AND D			12.			D DIRECTORS IN 11	
TITLE	D OFFICERS AND I	Delete Delete	TITLE	AL	DITIONS/CHANGES TO OFFICERS AN		
NAME	FUCHSSTEINER, YOHANNES L	L_1 Oelete	NAME			☐ Change ☐ Addition	
STREET ADDRESS	SAN ANTONIO DE LOS ALTOS		STREET ADDRESS				
CITY-ST-ZIP	ESTADO MIRANDA, VENENZUELA	4	CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME	FUCHSSTEINER, CAROLINA H		NAME				
STREET ADDRESS	SAN ANTONIO DE LOS ALTOS		STREET ADDRESS				
CITY-ST-ZIP	ESTADO MIRANDA, VENENZUELA	4	CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE		· · · · · ·	☐ Change ☐ Addition	
NAME	ALAYETO, CAROLINA E		NAME				
"STREET ADDRESS	SAN ANTONIO DE LOS ALTOS-	يسان المحادث	~STREET ADDRESS ~ ~~		ليهوالي المعاول والمستهجية والمستران أأراث والأراز والمستعار والمرا	-	
CITY-ST-ZIP	ESTADO MIRANDA, VENENZUELA	\	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	, , , , , ,		☐ Change ☐ Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

04/30/01

954-9774310

☐ Change

☐ Change

Addition

Addition

Daytime Phone #

FILED

05-14-2001 90062 005 ***150.00

May 14, 2001 8:00 am Secretary of State