

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90093 039 \*\*\*150.00

**DOCUMENT # P99000030521**

1. Entity Name  
**MARINE POWER CORP.**

|  |   |
|--|---|
| Principal Place of Business<br>700 E. DANIA BEACH BLVD.<br>SUITE 202<br>DANIA FL 33004 | Mailing Address<br>700 E. DANIA BEACH BLVD.<br>SUITE 202<br>DANIA FL 33004-3031 |
|--|---|



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>23150 SANDALWOOD PL DR</b><br>Suite, Apt. #, etc.<br><b>201 C</b> | 3. Mailing Address<br><b>23150 Sandalwood Pl Dr</b><br>Suite, Apt. #, etc.<br><b>201 C</b> |
|--|--|

|                                      |                                      |                                    |  |
|--------------------------------------|--------------------------------------|------------------------------------|--|
| City & State<br><b>BOCA RATON FL</b> | City & State<br><b>BOCA RATON FL</b> | 4. FEI Number<br><b>65.0914883</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>33428</b>                  | Country<br><b>U-SA</b>               | Zip<br><b>33428</b>                | Country<br><b>U-SA</b>                                 |

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 Agent**

~~VIVES, PATRICK~~  
 700 E. DANIA BEACH BLVD.  
 SUITE 202  
 DANIA FL 33004

|  |           |          |
|--|-----------|----------|
| Name   |           |          |
| Street Address (P.O. Box Number is Not Acceptable) |           |          |
| City   | <b>FL</b> | 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 \$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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Delete |
| <b>PD<br/>MABRU ALAIN<br/>6875 NW 66 WAY<br/>PARKLAND FL 33067</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Delete |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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:** ALAIN MABRU **4/10/00** **914-970-3113**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)