

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049595

1. Entity Name

DARBY MARINE, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90090 013 \*\*\*150.00

Principal Place of Business

C/O UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD. SUITE 508  
MIAMI FL 33156

Mailing Address

C/O UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD. SUITE 508  
MIAMI FL 33156-2713

2. Principal Place of Business

3890 Park Central Blvd N

Suite, Apt. #, etc.

3. Mailing Address

865 Merrick Avenue

Suite, Apt. #, etc.

City & State

Pompano Beach, FL 33064

City & State

Westbury, NY 11590

Zip

33064

Country

USA

Zip

11590

Country

USA

4. FEI Number

65-0948457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
C/O UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD. SUITE 508  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 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 ☐ ~~Director~~  
NAME Michael Ashkin Addition  
STREET ADDRESS 3890 Park Central Blvd-N  
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE ☐ ~~Director~~  
NAME Carl Ashkin Addition  
STREET ADDRESS 865 Merrick Avenue  
CITY-ST-ZIP Westbury, NY 11590

TITLE ☐ ~~Director~~  
NAME Laura Kahn Addition  
STREET ADDRESS 865 Merrick Avenue  
CITY-ST-ZIP Westbury, NY 11590

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 Treasurer Sheila Ashkin  
STREET ADDRESS 3890 Park Central Blvd-N  
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE ☐ Change ☒ Addition  
NAME Secretary Laura Kahn  
STREET ADDRESS 865 Merrick Avenue  
CITY-ST-ZIP Westbury, NY 11590

TITLE ☐ Change ☒ Addition  
NAME Assistant Secretary Justina Soraci  
STREET ADDRESS 865 Merrick Avenue  
CITY-ST-ZIP Westbury, NY 11590

TITLE ☐ Change ☒ Addition  
NAME Chairman of the Board Michael Ashkin  
STREET ADDRESS 3890 Park Central Blvd-N  
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE ☐ Change ☒ Addition  
NAME CEO Carl Ashkin  
STREET ADDRESS 865 Merrick Avenue  
CITY-ST-ZIP Westbury, NY 11590

TITLE ☐ Change ☒ Addition  
NAME President Michael Caputo  
STREET ADDRESS 865 Merrick Avenue  
CITY-ST-ZIP Westbury, NY 11590

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)