

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90203 011 ***150.00

DOCUMENT # P99000050940

1. Entity Name
MARINE X-TREME SALES, INC.

Principal Place of Business

**3641 NW 78TH AVE
 MIAMI FL 33166**

Mailing Address

**3641 NW 78TH AVE
 MIAMI FL 33166**



2. Principal Place of Business

916 N.E. 79 Street

3. Mailing Address

916 NE 79 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL 33138

City & State

Miami FL 33138

4. FEI Number

65-0925278

Applied For

Not Applicable

33138

Country

USA

33138

Country

USA

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

**AVILA, BELKYS
 4920 SW 168TH AVENUE
 FT. LAUDERDALE FL 33331**

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, 2002 - 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	PD	<input type="checkbox"/> Delete
NAME	RIVERO, HECTOR L	
STREET ADDRESS	7884 NW 174 TERRACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AVILA, BELKYS	
STREET ADDRESS	4920 SW 168TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/02
305-759-7400

CR2E034 (9/01)