

2000 UNIFORM BUSINESS REPORT (UBR)

5.

DOCUMENT # P99000063720

1. Entity Name

E&E MARINE, INC.

FILED
Jun 01, 2000 8:00 am
Secretary of State

05-02-2000 90077 026 ***150.00

Principal Place of Business

Mailing Address

11221 NORTHWEST 60TH CT
HIALEAH FL 33012

11221 NORTHWEST 60TH CT
HIALEAH FL 33012-6565

2. Principal Place of Business

3. Mailing Address

1672 W 31 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIALEAH, FL

Zip 33012

Country DADE

Zip

Country

4. FEJ Number

05-0937021

Applied For

Not Applicable

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME RODRIGUEZ, ERNESTO F
STREET ADDRESS 11221 NORTHWEST 60TH CT
CITY-ST-ZIP HIALEAH FL 33012

TITLE T
NAME RODRIGUEZ, SUSAN B
STREET ADDRESS 11221 NORTHWEST 60TH CT
CITY-ST-ZIP HIALEAH FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR, OR TRUSTEE

4/20/00

305-818-0237

Date

Daytime Phone #

CR2F004 (04/99)