

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91690 030 ***150.00

DOCUMENT # P99000078066

1. Entity Name
NATIONAL MARINE EXPRESS INC.

Principal Place of Business

19041 NW 90TH CT.
 MIAMI FL 33015

Mailing Address

19041 NW 90TH CT.
 MIAMI FL 33015



2. Principal Place of Business

2737 NW 17 ST
 Suite, Apt. #, etc.

3. Mailing Address

2737 NW 17 ST
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0946516

Applied For
 Not Applicable

Zip

33125

Country

Zip

33125

Country

Dade

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, IDIANA
2737 N.W. 17TH ST
MIAMI FL 33125

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, 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

TITLE	D <input type="checkbox"/> Delete
NAME	PEREZ, IDIANA
STREET ADDRESS	19041 NW 90TH CT
CITY-ST-ZIP	MIAMI FL 33015
TITLE	D <input type="checkbox"/> Delete
NAME	PEREZ, JULIO A
STREET ADDRESS	19041 NW 90TH CT
CITY-ST-ZIP	MIAMI FL 33015
TITLE	D <input type="checkbox"/> Delete
NAME	LIO, MANUEL
STREET ADDRESS	6417 WEST 11TH LANE
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	D <input type="checkbox"/> Delete
NAME	LIO, ELOINA
STREET ADDRESS	6417 WEST 11TH LANE
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Idiana Perez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02 (305) 635-1064

CR2E034 (9/01)