

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90015 015 ***158.75

DOCUMENT # P99000094675

1. Entity Name
DEL MAR MARINE, CORP.

Principal Place of Business

**42923 SW 88TH LN
 MIAMI FL 33986-1732**

Mailing Address

**42923 SW 88TH LN
 MIAMI FL 33986-1732**

2. Principal Place of Business

12923 SW 88th Ln

3. Mailing Address

12923 SW 88th Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

Country

33186-1732

USA

Zip

Country

33186-1732

USA

4. FEI Number: **650956760**
APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, RUBEN A
 72923 SW 88TH LN
 MIAMI FL 33986-1732**

7. Name and Address of New Registered Agent

Name **DIAZ, RUBEN**

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

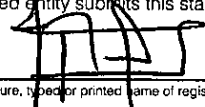
12923 SW 88th Ln

City **Miami**

FL Zip Code

33186-1732

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)

April 15, 2002
 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 **DP** ☐ Delete
 NAME **DIAZ, RUBEN A**
 STREET ADDRESS **12923 SW 88TH LN**
 CITY-ST-ZIP **MIAMI FL 33986-1732**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

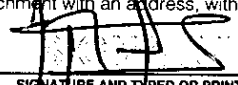
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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:  **RUBEN A. DIAZ P.** **April 15, 2002** **305-752-5937**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)