

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097369

1. Entity Name

D A S MARINE, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90262 044 ***150.00

Principal Place of Business

2701 SOUTH BAYSHORE DRIVE 5TH FLOOR
MIAMI FL 33133

Mailing Address

2701 SOUTH BAYSHORE DRIVE 5TH FLOOR
MIAMI FL 33133

00013457



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3523 N. Bayhomes Drive

3. Mailing Address

3523 N. Bayhomes Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami Florida

City & State

miami Florida

4. FEI Number

65-0959107

Applied For

Not Applicable

Zip

Country

33133

USA

Zip

Country

33133

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

CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

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 of principal officer or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/01

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, 2001 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 ☐ Delete
NAME D SCHWEDEL, DAVID A
STREET ADDRESS 2701 SOUTH BAYSHORE DRIVE 5TH FLOOR
CITY-ST-ZIP MIAMI FL 33133

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/22/01