

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2002 8:00 am Secretary of State

02-27-2002 90037 041 \*\*\*158.75

DOCUMENT # P95000039230

1. Entity Name CARRIBEAN MARINE, INC.

Principal Place of Business 2617 NW 16TH ST. RD. MIAMI FL 33125 Mailing Address 2617 NW 16TH ST. RD. MIAMI FL 33125



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 65-0803718 Applied For Not Applicable

5. Certificate of Status Desired [X] \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

AGRA, JOSE M 2617 NW 16TH ST. RD. MIAMI FL 33125

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

Table with columns for OFFICERS AND DIRECTORS (Block 11) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (Block 12). Each row includes fields for Title, Name, Street Address, and City-ST-ZIP, with checkboxes for Delete, Change, and Addition.

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 empowerers.

SIGNATURE: JOSUENATA AGRA... PD 02-16-02 305 635 6945 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day me Phone #

Vertical text on the right margin: 01/26/01 AV and CR2E034 (9/01)