

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90065 042 ***158.75

DOCUMENT # F96000003637

1. Entity Name
NAIAD MARINE FLORIDA, INC.

Principal Place of Business BROWARD BUSINESS PARK 3650 HACIENDA BLVD., STE. D FT. LAUDERDALE FL 33314	Mailing Address BROWARD BUSINESS PARK 3650 HACIENDA BLVD., STE. D FT. LAUDERDALE FL 33314-2823
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3700 HACIENDA BLVD., Suite, Apt. #, etc. SUITE I	3. Mailing Address 3700 HACIENDA BLVD., Suite, Apt. #, etc. SUITE I
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip Country 33314 USA	Zip Country 33314 USA

4. FEI Number 65-0678393	Applied For <input type="checkbox"/> Not Applicable
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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

**KUZMOVICH, VICTOR JR.
 BROWARD BUSINESS PARK
 3650 HACIENDA BLVD., STE. D
 FT. LAUDERDALE FL 33314**

Name		
Street Address (P.O. Box Number is Not Acceptable)	3700 HACIENDA BLVD, SUITE I	
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 **VICTOR KUZMOVICH, JR.** *Victor Kuzmovich Jr* 4-27-00
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 NAME STREET ADDRESS CITY-ST-ZIP	DP VENABLES, JOHN D 50 PARROTT DR. SHELTON CT 06484-0558	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KUZMOVICH, VICTOR JR. 3650 HACIENDA BLVD., STE. D FT. LAUDERDALE FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STRAND, CARL H 50 PARROTT DR. SHELTON CT 06484-0558	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: **VICTOR KUZMOVICH, JR.** *Victor Kuzmovich Jr* 4-27-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
954-797-7566

CR2E034 (9/99)