2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 294984

1. Entity Name
SUAREZ SHIPPING SERVICES INC

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90033 012 ***150.00

L0029039

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5413 N.W. 72ND AVENUE P.O. BOX 523400 (MIAMI, FL 33152) MIAMI FL 33166	5413 N.W. 72ND AVENUE P.O. BOX 523400 (MIAMI, FL 33152) MIAMI FL 33166-4223

2. Principal Place of Business	3. Mailing Address
	PO Box 667627
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: MIAMI, FLORIDA
Zip / Country	Zip: 33166-9403 / Country: U.S.A.

4. FEI Number 59-1101073 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ,JULIO
7819 W. 18TH LANE
HIALEAH FL 33014

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, 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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SUAREZ,JULIO		NAME	
STREET ADDRESS	7819 W. 18TH LANE		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SUAREZ,ELDA		NAME	
STREET ADDRESS	7819 W. 18TH LANE		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/99)

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: JULIO SUAREZ 01/21/00 305-883-4523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #