

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004436

1. Entity Name
ALONSO SHIPPING COMPANY

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90321 018 ***158.75

Principal Place of Business Mailing Address
P.O. BOX 523927 P.O. BOX 523927
MIAMI FL 33152 MIAMI FL 33152-3927



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number: 72-0791349		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ALONSO, MANUEL 2451 BRICKELL AVENUE, #14-E MIAMI FL 33149				Name			
				ANA MARIA SEGURA			
				Street Address (P.O. Box Number is Not Acceptable)			
				13951 S.W. 66th STREET, #909-A			
				City		Zip Code	
				MIAMI, FL		33183	

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **ANA MARIA SEGURA** DATE **2-22-2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<p>FILE NOW!!! FEE IS \$150.00</p> <p>After MAY 1, 2000 Fee will be \$550.00</p> <p>Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALONSO, MANUEL			NAME	GOMEZ LILLY		
STREET ADDRESS	2451 BRICKELL AVENUE, APT #14-E			STREET ADDRESS	8101 S.W., 158th.AVE.		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	MIAMI, FL 33193.		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEGURA, ANA M			NAME	SEGURA, ANA MARIA		
STREET ADDRESS	13951 SW 66 STREET			STREET ADDRESS	13951 S.W., 66th.ST.#909-A		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	MIAMI, FL 33183.		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COELLO, JESUS J			NAME			
STREET ADDRESS	11860 SW 25 TERRACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: **ANA MARIA SEGURA,** Date **February 22, 2000,** (305) 592-0850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)