

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90110 026 ***150.00

DOCUMENT # G90378

1. Entity Name

J. P. SHIPPING CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17720 N. BAY RD

3. Mailing Address

17720 N. BAY RD.

Suite, Apt. #, etc.

APT. # 901

Suite, Apt. #, etc.

APT. # 901

City & State

SUNNY ISLES BEACH, FL.

City & State

SUNNY ISLES BEACH, FL.

Zip

33160

Country

DADE

Zip

33160

Country

DADE

4. FEI Number

59-2375382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LEONARD M. PEREZ

Street Address (P.O. Box Number is Not Acceptable)

7551 N.W. 173 LANE

City

MIAMI

FL

Zip Code

33015

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 LEONARD M. PEREZ

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

APRIL 9TH, 2002

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT

LEONARD M. PEREZ

7551 N.W. 173 LANE

MIAMI, FL. 33015

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP

JORGE PEREZ

17720 N.BAY RD. # 901

SUNNY ISLES BEACH, FL. 33160

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE PEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-02

305-933-1742

CR2E034B (12/01)