

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H40266

1. Entity Name

ST. JOHNS SHIPPING CO., INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90036 008 \*\*\*150.00

Principal Place of Business	Mailing Address
HWY 17 S 111 PARK FL 32073	P.O. BOX 396 GREEN COVE SPRINGS FL 32043-0396 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3301 S.E. 14TH AVE Suite, Apt. #, etc. 2ND FLOOR City & State FT. LAUDERDALE, FL 33316 Zip 33316 Country U.S.A.	P.O. BOX 13105 Suite, Apt. #, etc. City & State FT. LAUDERDALE, FL 33316 Zip 33316 Country U.S.A.

4. FEI Number	59-2541563	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MALDONADO, AUGUSTO 671 FREDERIC DRIVE GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent
Name AUGUSTO MALDONADO Street Address (P.O. Box Number is Not Acceptable) 1330 N.W. 13TH STREET, #14 City Boca Raton, FL Zip Code 33486

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	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 NAME STREET ADDRESS CITY-ST-ZIP	P MALDONADO, AUGUSTO 671 FREDERIC DRIVE GREEN COVE SPGS FL 32053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALDONADO, AUGUSTO 1330 N.W. 13TH STREET, #14 Boca Raton, FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALDONADO, VALERIE 671 FREDERIC DRIVE GREEN COVE SPGS FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALDOANDO, VALERIE 1330 N.W. 13TH STREET #14 BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORBERTO SUAREZ 531 W. 65 STREET HIALEAH, FL 33012 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BETSI RODRIGUEZ 13100 S.W. 82ND STREET MIAMI, FL 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Valerie Maldonado 4/7/00 954-527-0034  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)