

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90211 012 \*\*\*150.00

**DOCUMENT # H40266**

1. Entity Name

**ST. JOHNS SHIPPING CO., INC.**

Principal Place of Business

**3301 S.E. 14TH AVE  
2ND FLOOR  
FORT LAUDERDALE FL 33316  
US**

Mailing Address

**P.O. BOX 13105  
FORT LAUDERDALE FL 33316  
US**

2. Principal Place of Business

**3505 NE 19TH STREET**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**HOLLYWOOD, FLORIDA**

City & State

4. FEI Number **59-2541563**

Applied For

☒ Not Applicable

Zip  
**33316**

Country

Zip

Country

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

**MALDONADO, AUGUSTO  
1330 N.W. 13TH STREET #14  
BOCA RATON FL 33486**

Name

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

**5710 BAYVIEW DRIVE**

City

**FT. LAUDERDALE,**

**FL**

Zip Code

**33308**

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, 2001 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 **P** ☐ Delete  
NAME **MALDONADO, AUGUSTO**  
STREET ADDRESS **1330 N.W. 13TH ST.**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **AUGUSTO MALDONADO**  
STREET ADDRESS **5710 BAYVIEW DRIVE**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

TITLE **VP** ☐ Delete  
NAME **MALDONADO, VALERIE**  
STREET ADDRESS **1330 N.W. 13TH ST. #14**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition  
NAME **MALDONADO, VALERIE**  
STREET ADDRESS **5710 BAYVIEW DRIVE**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

TITLE **VP** ☐ Delete  
NAME **SUAREZ, NORBERTO**  
STREET ADDRESS **531 W. 65 ST.**  
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **RODRIGUEZ, BETSI**  
STREET ADDRESS **13100 S.W. 82ND ST**  
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Valerie Maldonado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/01*  
Date

*954-527-0034*  
Daytime Phone #

CR2E034 (10/00)