

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

01-19-2001 90066 012 ***150.00

DOCUMENT # K25893

1. Entity Name
INTERNATIONAL MARITIME SHIPS AGENTS, CORP.

Principal Place of Business
2945 N.W. 21 TERRACE
MIAMI FL 33142-7019
US

Mailing Address
2945 N.W. 21 TERRACE
MIAMI FL 33142-7019
US

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country

4. FEI Number 65-0068818
Applied For
Not Applicable

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

FRIEDHOFF, JOHN H
100 SE 2ND STREET
17TH FLOOR
MIAMI FL 33131

Name
JOHN STRICKROOT C/O FOWLER, WHITE
Street Address (P.O. Box Number is Not Acceptable)
100 SE SECOND STREET
17TH FLOOR
City MIAMI FL Zip Code 33131

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 1-28-01

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 PD
NAME BABUN-SELMAN, JOSE Delete
STREET ADDRESS 3160 NW 14 ST
CITY-ST-ZIP MIAMI FL 33125

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPSD
NAME BABUN, JOSE JESUS Delete
STREET ADDRESS 12711 N.W. 6TH STREET
CITY-ST-ZIP MIAMI FL 33182-1162

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD
NAME BABUN, SARA CRISTINA Delete
STREET ADDRESS 9250 S.W. 69TH STREET
CITY-ST-ZIP MIAMI FL 33173

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

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:  JOSE JESUS BABUN 1-5-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)