

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


07-28-2003 96179-043 ***150.00
P02000058696

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000058696

1. Entity Name
SUPERIOR SHIP CHANDLERS, INC.



Principal Place of Business
**58 N.E. 7TH STREET
MIAMI, FL 33132-1818**

Mailing Address
**58 N.E. 7TH STREET
MIAMI, FL 33132-1818**

2. Principal Place of Business
7520 NE 4th CT

3. Mailing Address
7520 NE 4th CT

Suite, Apt. #, etc.
1

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33138

Country

[REDACTED]

CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0698701

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BLUMENSTINE, MARC L
58 N.E. 7TH STREET
MIAMI, FL 33132-1818**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVST	BLUMENSTINE, MARC L	58 N.E. 7TH STREET	MIAMI, FL 331321818	<input type="checkbox"/>
D	BLUMENSTINE, MARC L	58 N.E. 7TH STREET	MIAMI, FL 331321818	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PVST	BLUMENSTINE	7520 NE 4th CT	MIAMI FL 33138	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MARC BLUMENSTINE	7520 NE 4th CT	MIAMI FL 33138	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with all other the employees.

SIGNATURE: MARC BLUMENSTINE 7/20/03 305-257-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR