

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041527

1. Entity Name
CMA-CGM (CARIBBEAN), INC.

Principal Place of Business

3625 NW 82ND AVENUE
MIAMI FL 33166-6652

Mailing Address

3625 NW 82ND AVENUE
MIAMI FL 33166-6652

9002334
635000

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

65-0665859

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

SCHIFF, JAMES M
9130 SO DADELAND BLVD. STE 1609
MIAMI FL 33156

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.

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 WELLNITZ, FRANK R
STREET ADDRESS 6255 HAWKES BLUFF
CITY-ST-ZIP DAVIE FL 33331 ☒ Delete

TITLE PDS
NAME DUFOR YANN
STREET ADDRESS 4974 NW 97 PL
CITY-ST-ZIP MIAMI FL 33178 ☐ Change ☒ Addition

TITLE D
NAME SAULNIER, JEAN L
STREET ADDRESS 22, QUAI GALLIENI
CITY-ST-ZIP SURESNES, CEDEX, FRANCE 92158 ☐ Delete

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

TITLE S
NAME RONSSIN, ETIENNE
STREET ADDRESS 7835 SW 66TH STREET
CITY-ST-ZIP MIAMI FL 33143 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE REQUIRED

SEP 10 / 2001

Date

305 477 0216

Daytime Phone #

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90010 002 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)