

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L20962

1. Entity Name

RAVENSCROFT SHIPPING INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90003 034 ***158.75

Principal Place of Business

3251 PONCE DE LEON BLVD
SUITE 701
CORAL GABLES FL 33134-7201
US

Mailing Address

3251 PONCE DE LEON BLVD
SUITE 701
CORAL GABLES FL 33134-7251
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3114009

Applied For

Not Applicable

Zip

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

MCALPIN, RICHARD J ESQ
80 S.W. 8TH STREET
SUITE 2805
MIAMI FL 33130

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 \$150.00
After MAY 1, 2000 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 V
NAME KURUP, AJIT
STREET ADDRESS 3251 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE DGM
NAME HOSKINSON, LEONARD J
STREET ADDRESS 3251 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Change ☐ Addition

TITLE DGM
NAME HOSKINSON, LEONARD J
STREET ADDRESS 3251 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE DV
NAME FERRAS, ASIF
STREET ADDRESS 3251 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Change ☐ Addition

TITLE V
NAME ARTHUR, JOHN
STREET ADDRESS 3251-PONCE-DE-LEON-BLVD
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE DV
NAME ARTHUR, JOHN C
STREET ADDRESS 3251-PONCE-DE-LEON-BLVD
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Change ☐ Addition

TITLE DC
NAME ROSS, RICARDO MENEND
STREET ADDRESS 27 LEADENHALL STREET
CITY-ST-ZIP LONDON EN ☐ Delete

TITLE DC
NAME MENENDEZ, RICARDO
STREET ADDRESS GREYHOUND HOUSE, 23-24 GEORGE ST
CITY-ST-ZIP REYNOLDS STREET EXHIBIT ☒ Change ☐ Addition

TITLE DV
NAME ROSS, FELIPE MENENDE
STREET ADDRESS 27 LEADENHALL STREET
CITY-ST-ZIP LONDON EN ☐ Delete

TITLE DV
NAME MENENDEZ ROSS, FELIPE
STREET ADDRESS GREYHOUND HOUSE, 23-24 GEORGE ST
CITY-ST-ZIP REYNOLDS STREET EXHIBIT ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S
NAME LUIS WARRICK, ROBERT
STREET ADDRESS 320 RIVER, 1115W 3RD ST
CITY-ST-ZIP MIAMI FL 33130 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/14/00

Date

305 507 2000

Daytime Phone #

CR2E034 (9/99)