

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L20962

1. Entity Name

RAVENS CROFT SHIPPING INC.

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 33134-7201
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

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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.

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|--|--|
| TITLE | NAME | TITLE | NAME |
| <input checked="" type="checkbox"/> Delete | V KURUP, AJIT 3251 PONCE DE LEON BLVD CORAL GABLES FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | DGM HOSKINSON, LEONARD J 3251 PONCE DE LEON BLVD CORAL GABLES FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | V ARTHUR, JOHN 3251 PONCE DE LEON BLVD CORAL GABLES FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | DC ROSS, RICARDO MENEND 27 LEADENHALL STREET LONDON EN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | RICARDO MENENDEZ - ROSS |
| <input type="checkbox"/> Delete | DV ROSS, FELIPE MENENDE 27 LEADENHALL STREET LONDON EN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | FELIPE MENENDEZ ROSS |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | SECRETARY KAREN JONI WALTER 3251 PONCE DE LEON BLVD CORAL GABLES FL 33134 |

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

Date

Daytime Phone #

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90138 025 ***158.75

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)