

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 513690

1. Entity Name

U. S. A. SHIPPING CORPORATION

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90242 039 ***150.00

Principal Place of Business

Mailing Address

SW 8 STREET, SUITE 201
FL 33134

3934 SW 8 STREET, SUITE 201
MIAMI FL 33126-1014

2. Principal Place of Business

1890 NW 82 AVENUE

3. Mailing Address

1890 NW 82 AVENUE

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

#102

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

USA

Zip

33126

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1709473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTAYA, RACIEL
900 MALAGA AVENUE
CORAL GABLES FL 33134

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, 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

TITLE VPT
NAME CARTAYA, RACIEL SR.
STREET ADDRESS 900 MALAGA AVE.
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE S
NAME CARTAYA, RACIEL A
STREET ADDRESS 900 MALAGA AVE
CITY-ST-ZIP CORAL GABLES, FL 00000 ☐ Delete

TITLE P
NAME CARTAYA, PATRICIA
STREET ADDRESS 900 MALAGA AVE
CITY-ST-ZIP CORAL GABLES, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)