

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**  
 04-24-2001 90009 017 \*\*\*150.00

**DOCUMENT # 556283**

1. Entity Name  
**EMBERT SHIPPING, INC.**

Principal Place of Business

Mailing Address

**8300 NW 14TH ST  
 MIAMI FL 33126  
 US**

**8300 NW 14TH ST  
 MIAMI FL 33126  
 US**

**643385**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**901 Ponce de Leon Blvd. #603**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State  
 Coral Gables, FL**

**City & State  
 Coral Gables, FL**

4. FEI Number **59-1813768**

Applied For  
 Not Applicable

**Zip  
 33134**

**Country  
 USA**

**Zip  
 33134**

**Country  
 USA**

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

**ALBORNOZ, EMMIE T  
 8300 NW 14TH ST  
 MIAMI FL 33126**

**901 Ponce de Leon Blvd  
 #603  
 Coral Gables, FL 33134**

Name **Emmie T. Albornoz**

Street Address **901 Ponce de Leon Blvd. #603**

City **Coral Gables, FL** Zip **33134**

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

TITLE **P** ☐ Delete  
 NAME **ALBORNOZ, EMMIE T**  
 STREET ADDRESS **1325 N W 78TH AVE STE 201**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **Emmie T. Albornoz** ☐ Change ☐ Addition  
 NAME **Emmie T. Albornoz**  
 STREET ADDRESS **901 Ponce de Leon Blvd #603**  
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

**Emmie T. Albornoz** **Emmie T. Albornoz** **1/19/01** **(305) 588-6429**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)