

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90698 041 ***158.75

DOCUMENT # F02000004959

1. Entity Name

ORIENT STAR SHIPPING OF NEW YORK, INC.



Principal Place of Business
**12192 BEACH BLVD. UNIT 013
JACKSONVILLE FL 32224**

Mailing Address
**12192 BEACH BLVD. UNIT 013
JACKSONVILLE FL 32224**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

32246-1177

Zip

Country

32246-1177

4. FEI Number **11-3536221**

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

**ESTEBAN, MARIA A
3737 ST. JOHN'S BLUFF RD. SO. #1815
JACKSONVILLE FL 32224**

Name **ELMER ROBERT G. CARIDO**

Street Address (P.O. Box Number is Not Acceptable)
3137 ST. JOHN'S BLUFF RD. SO. #1712

City **JACKSONVILLE**

FL

Zip Code
32224

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/12/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PC**
STREET ADDRESS **CARIDO, ELMER R**
CITY-ST-ZIP **146-40 29 AVENUE
FLUSHING NY 11354-1439** ☐ Delete

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

TITLE
NAME **WC**
STREET ADDRESS **CARIDO, MARIE V**
CITY-ST-ZIP **146-40 29 AVENUE
FLUSHING NY 11354-1439** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03
Date

904-928-1688
Daytime Phone #

CR2E034 (10/02)