2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F87842

1. Entity Name

ARMESKO INTERNATIONAL SHIPPING CORP.

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90180 014 ***158.75

Principal Place of Business	Mailing Address
P.O. BOX 55-8548 MIAMI FL 33155-5548	P.O. BOX 55-8548 MIAMI FL 33255-8548

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2205621 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ESCOBAR, BERNARDO J.
9341 S.W. 53RD STREET
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name: SILVIA ARMAS ESCOBAR

Street Address (P.O. Box Number is Not Acceptable): 9341 S.W. 53 STREET

City: MIAMI FL Zip Code: 33165

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: SILVIA ARMAS ESCOBAR PRESIDENT ———— DATE: MARCH 16, 2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD	☐ Delete
NAME	ESCOBAR, SILVIA ARMAS	
STREET ADDRESS	9341 S.W. 53RD STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VSD	☐ Delete
NAME	ESCOBAR, SILVIA MARIA	
STREET ADDRESS	9341 S W 53RD STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/99)

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: SILVIA A. ESCOBAR PRESIDENT — 03/16/00 — (305) 599-2544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #