

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004271

1. Entity Name

AMERICAN STEAMSHIP AGENCY CORPORATION

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91000 045 \*\*\*150.00

Principal Place of Business

Mailing Address

300 KNICKERBOCKER RD  
CRESSKILL NJ 07626  
US

300 KNICKERBOCKER RD  
CRESSKILL NJ 07626  
US

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 22-2616169

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

~~LYNCH, DENNIS~~  
~~9600 N.W. 25 STREET SUITE 6-E~~  
~~MIAMI FL 33172~~

Name

Dennis Lynch

Street Address (P.O. Box Number is Not Acceptable)

8420 NW 52nd Street, Ste 105

City

Miami

FL

Zip Code

33166

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

*Dennis Lynch*

4/16/01

(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	<input type="checkbox"/> Delete
NAME	LYNCH, DENNIS	
STREET ADDRESS	300 KNICKERBOCKER RD	
CITY-ST-ZIP	CRESSKILL NJ 07626	
TITLE	V	<input type="checkbox"/> Delete
NAME	GURRIERI, JOHN	
STREET ADDRESS	300 KNICKER BOCKER RD	
CITY-ST-ZIP	CRESSKILL NJ 07626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Dennis Lynch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/01

Daytime Phone #

201-567-1600

CR2E034 (10/00)