

2Q01 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000006725**

1. Entity Name

UNION MARITIMA INTERNACIONAL, S.A.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90082 042 ***150.00

Principal Place of Business

Mailing Address

**SERRANO, 45-3 DEGREES
MADRID, 28001. SPAIN
OC****5301 BLUE LAGOON DR.
SUITE 470
MIAMI FL 33126****00028636**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

98-0106688

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MARK E. FRIED, P.A.
1110 BRICKELL AVE., STE. 700
MIAMI FL 33131**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	PERERA, JENARO FELIX	CAMINO DE MALTONES	ALGETE MADRID	<input type="checkbox"/>
C	AKERMANN, MARKUS	SEKRETARIAT MR. AKERMANN CH 1298	CELGNY, SWITZERLAND	<input type="checkbox"/>
D	KOCH, BENOIT	489 AVENUE LOUISE	1050 BRUXELLES, BELGIUM	<input type="checkbox"/>
D	VARELA, FERNANDO	PO CASTELLANA	8 MADRID	<input type="checkbox"/>
D	SUANA, MARIANO	5115 MORIKEN	SWITZERLAND	<input type="checkbox"/>
PM	VILLANUEVA, JOAQUIN	SERRANO, 45-28001	MADRID	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

JOAQUIN VILLANUEVA 22/02/01

Date

Daytime Phone #

CR2E034 (10/00)