

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004265

1. Entity Name

TOPAZ INTERNATIONAL SHIPPING, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90030 020 ***550.00

Principal Place of Business

Mailing Address

C/O KYMA SHIP MANAGEMENT
1015 NORTH AMERICA WAY, #128
MIAMI FL 33132
US

C/O KYMA SHIP MANAGEMENT
1015 NORTH AMERICA WAY, #128
MIAMI FL 33132-2017
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

65-0843216

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

No

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, MARK S
1015 NORTH AMERICA WAY
MIAMI FL 33132

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CS ☐ Delete
NAME KOLK, GLENN G
STREET ADDRESS 520 BRICKELL KEY #1606
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME KOLK, HILDA
STREET ADDRESS 520 BRICKELL KEY #1606
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME MCAULIFFE, DARBY
STREET ADDRESS 520 BRICKELL KEY #1606
CITY-ST-ZIP MIAMI FL

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

TITLE P ☐ Delete
NAME KATSOUFIS, PARIS G
STREET ADDRESS 1015 NORTH AMERICA WAY
CITY-ST-ZIP MIAMI FL 33132

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

TITLE T ☐ Delete
NAME DAVIS, MARK S
STREET ADDRESS 1015 NORTH AMERICA WAY
CITY-ST-ZIP MIAMI FL 33132

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME LAMBROS KATSOUFIS
STREET ADDRESS 1015 NORTH AMERICA WAY, SUITE 128
CITY-ST-ZIP MIAMI, FL 33132

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:

LAMBROS KATSOUFIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/00

Date

(305) 376-8605

Daytime Phone #

CR2E034 (9/99)