

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G90378

1. Entity Name

J. P. SHIPPING CONSULTANTS INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90034 019 ***150.00

Principal Place of Business

Mailing Address

8300 NW 14 ST
MIAMI FL 33126
US

8300 NW 14 ST
MIAMI FL 33126-1504
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

17720 N. Bay Rd.
Suite, Apt. #, etc.
#901

City & State

City & State

Sunny Isles, Florida

Zip

Country

Zip

Country

33160-2806

DADE

4. FEI Number

59-2375382

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

PEREZ, LEONARD M
8300 NW 14TH ST
MIAMI FL 33126

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 VP ☒ Delete
NAME PEREZ, MIREYA
STREET ADDRESS 17720 N. BAY RD
CITY-ST-ZIP N. MIAMI BCH FL 33160

TITLE Perez, Jorge VP ☐ Change ☒ Addition
NAME
STREET ADDRESS 17720 N. Bay Rd # 901
CITY-ST-ZIP Sunny Isles, Fl. 33160-2806

TITLE P ☐ Delete
NAME PEREZ, LEONARD
STREET ADDRESS 8300 NW 14 ST
CITY-ST-ZIP MIAMI FL 33126

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23rd, 2000 (305) 477-7377

LEONARD M. PEREZ Date 3-31-00 Daytime Phone 305-477-7377