

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

0272868 AV

DOCUMENT # G90378

1. Entity Name
J. P. SHIPPING CONSULTANTS INC.



04-14-2003 90102 017 ***150.00

Principal Place of Business
17720 N BAY ROAD
APT # 901
SUNNY ISLES BEACH FL 33160
US

Mailing Address
17720 N BAY ROAD
APT # 901
SUNNY ISLES BEACH FL 33160
US



2. Principal Place of Business
17720 N. Bay Rd.

3. Mailing Address
17720 N. Bay Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. # 901

APT. # 901

City & State

City & State

Sunny Isles Beach, Fl.

Sunny Isles Beach, Fl.

Zip Country
33160 Dade

Zip Country
33160 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
7551 NW 173 LANE
MIAMI FL 33015

Name **Leonard M. Perez**
Street Address (P.O. Box Number is Not Acceptable)
7551 N.W. 173 Lane
City **Miami** **FL** Zip Code **33015**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **LEONARD M. PEREZ**

April 9th 2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PEREZ, LEONARD**
STREET ADDRESS **7551 NW 173 LANE**
CITY-ST-ZIP **MIAMI FL 33015**

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

TITLE **VP** ☐ Delete
NAME **PEREZ, JORGE**
STREET ADDRESS **17720 N BAY RD # 901**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JORGE PEREZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-03 305933-1742

Date Daytime Phone #

CR2E034 (10/02)