

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**  
 04-30-2002 90061 007 \*\*\*150.00

**DOCUMENT # K41897**

1. Entity Name

**ANTILLEAN MARINE SHIPPING, CORP.**

Principal Place of Business

**3038 NW NORTH RIVER DR  
 MIAMI FL 33142**

Mailing Address

**3038 NW NORTH RIVER DR  
 MIAMI FL 33142**

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

**65-0097587**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLEY, ALLAN R ESQ.  
 100 S.E. 2ND ST.  
 18TH FLOOR  
 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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BUBUN, JOSE</b><br><b>3160 NW 14 ST</b><br><b>MIAMI FL</b>                       | <input type="checkbox"/> Delete                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>BABUN, SARA C.</b><br><b>9250 SW 69TH STREET</b><br><b>MIAMI FL</b>              | <input type="checkbox"/> Delete                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del><b>T</b><br/><b>PADRON, JOSE C</b><br/><b>5766 NW 98TH COURT</b><br/><b>MIAMI FL</b></del> | <del><input checked="" type="checkbox"/> Delete</del> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BABUN, MIREYA</b><br><b>1714 FERDINAND ST</b><br><b>CORALGABLES FL</b>           | <input type="checkbox"/> Delete                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>BABUN, JOSE J</b><br><b>2945 NW 21 TERR</b><br><b>MIAMI FL</b>                  | <input type="checkbox"/> Delete                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                 | <input type="checkbox"/> Delete                       |

|                                                |                                                                                                                      |                                                                              |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CHAIRMAN, DIRECTOR</b><br><b>JOSE BABUN</b><br><b>3038 NW NORTH RIVER DR</b><br><b>MIAMI, FL. 33142</b>           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT, DIRECTOR</b><br><b>SARA C. BABUN</b><br><b>3038 NW NORTH RIVER DR.</b><br><b>MIAMI, FL. 33142</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP, DIRECTOR</b><br><b>MIREYA BABUN</b><br><b>3038 NW N RIVER DR.</b><br><b>MIAMI, FL. 33142</b>                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SECRETARY, V.P. DIRECTOR</b><br><b>JOSE J. BABUN</b><br><b>3038 NW NORTH RIVER DR.</b><br><b>MIAMI, FL. 33142</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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

Day

Daytime Phone #

CR2E034 (9/01)