

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008873 AF

DOCUMENT # **L00000002636**

1. Entity Name  
**INTERNAUT SHIPPING, L.L.C.**

FILED

01 APR -6 PM 4: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
<del>C/O BAUR, WOODBRIDGE, REUS &amp; KLEIN, P.A.</del> <del>100 N. BISCAYNE BLVD., 21ST FLOOR</del> <del>MIAMI FL 33132-2306</del>	<del>C/O BAUR, WOODBRIDGE, REUS &amp; KLEIN, P.A.</del> <del>100 N. BISCAYNE BLVD., 21ST FLOOR</del> <del>MIAMI FL 33132-2306</del>



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>c/o Becker &amp; Poliakoff, P.A.</b> Suite, Apt. #, etc. <b>5201 Blue Lagoon Drive, #100</b>	3. Mailing Address <b>c/o Becker &amp; Poliakoff, P.A.</b> Suite, Apt. #, etc. <b>5201 Blue Lagoon Drive, #100</b>
---	---

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>	4. FEI Number <b>65-0987548</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33126</b>	Country <b>USA</b>	Zip <b>33126</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent  <b>REUS, ALEXANDER ESQ.</b> <b>C/O BAUR, WOODBRIDGE, REUS &amp; KLEIN, P.A.</b> <b>100 N. BISCAYNE BLVD., 21ST FLOOR</b> <b>MIAMI FL 33132-2306</b>	7. Name and Address of New Registered Agent  Name <b>c/o Becker &amp; Poliakoff, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Becker &amp; Poliakoff, P.A.</b> <b>5201 Blue Lagoon Drive, Suite 100</b> City <b>Miami</b> FL Zip Code <b>33126</b>
---	---

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  **Alexander Reus, Esq.** **3/23/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HEINRICHS, MANFRED 100 N. BISCAYNE BLVD., 21ST FLOOR MIAMI FL 33132-2306</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5201 Blue Lagoon Drive, Suite 100 Miami, FL 33126</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Manfred Heinrichs** **3/21/01** **(305) 262-4433**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)