

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91481 044 ****50.00

DOCUMENT # L00000014793

1. Entity Name

INTERCONTINENTAL SHIPPING - USA, L.C.

Principal Place of Business

% LOUIS STINSON, JR., P.A.
 4675 PONCE DE LEON BLVD., SUITE 305
 CORAL GABLES FL 33146

Mailing Address

% LOUIS STINSON, JR., P.A.
 4675 PONCE DE LEON BLVD., SUITE 305
 CORAL GABLES FL 33146

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

65-1059036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STINSON, LOUIS JR.
4675 PONCE DE LEON BLVD., SUIT 305
CORAL GABLES FL 33146

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P/M
POWELL, JOHN
4675 PONCE DE LEON BLVD., #305
CORAL GABLES FL 33146 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
~~V~~
~~FULLERTON, DONNA MARIE~~
~~220 EAST 22ND STREET, SUITE 2-F~~
~~NEW YORK NY 10010~~ ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
S
STINSON, LOUIS JR
4675 PONCE DE LEON BOULEVARD, E305
CORAL GABLES FL 33146 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
AS
SKINNER, T.A.
4675 PONCE DE LEON BOULEVARD, E305
CORAL GABLES FL 33146 ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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 CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/25/02

305-667-7571

CR2E083 (9/01)