

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L57359

1. Entity Name

INTERNATIONAL SHIPPING PARTNERS, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90013 008 ***150.00

00005393



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4770 BISCAYNE BLVD
PENTHOUSE A
MIAMI FL 33137
US

4770 BISCAYNE BLVD
PENTHOUSE A
MIAMI FL 33137-3251
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0187654

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MILLIKEN, WILLIAM B
5915 PONCE DE LEON BOULEVARD
SUITE 63
MIAMI FL 33146-1523

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 ☐ Delete
NAME D
STREET ADDRESS WINBERG, PETER
CITY-ST-ZIP DURHAM HOUSE, DURHAM ST, THE STRAND LONDON WC 33137

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

TITLE ☐ Delete
NAME DP
STREET ADDRESS LUND, NIELS-ERIK
CITY-ST-ZIP 4770 BISCAYNE BLVD MIAMI FL 33137

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

TITLE ☐ Delete
NAME DV
STREET ADDRESS ENGSTROM, KENNETH T
CITY-ST-ZIP 4770 BISCAYNE BLVD MIAMI FL 33137

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

TITLE ☐ Delete
NAME DC
STREET ADDRESS MILLIKEN, WILLIAM B
CITY-ST-ZIP 5915 PONCE DE LEON BLVD MIAMI FL

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

TITLE ☐ Delete
NAME ~~DA~~
STREET ADDRESS MOE, LASSE
CITY-ST-ZIP 6857 SUNRISE TERRACE CORAL GABLES FL 33133

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

TITLE ☐ Delete
NAME S
STREET ADDRESS CHARMAINE, MORRIS S
CITY-ST-ZIP 4770 BISCAYNE BOULEVARD MIAMI FL 33137

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)(l), 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

Date

Daytime Phone #

Charmaire Morris

01/04/00

(305) 578-6355