

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90079 011 ***158.75

DOCUMENT # **L79696** ✓

1. Entity Name

SHIP CONSTRUCTION & FUNDING SERVICES (U.S.A.), INC.

Principal Place of Business

Mailing Address

SHIP CONSTRUCTION & FUNDING SERVICES (U.S.A.), INC.
9200 SOUTH DADELAND BLVD., SUITE #517
MIAMI, FLORIDA 33156

A0045040

2. Principal Place of Business

SHIP CONSTRUCTION & FUNDING

3. Mailing Address

9200 SOUTH DADELAND BLVD.

Suite, Apt. #, etc.

#517

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

4. FEI Number

22 2547968

Applied For

Not Applicable

Zip

33156

Country

U.S.A.

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

MICHAEL SCHALIT, PRESIDENT
10078 S.W. 125th STREET
MIAMI, FLORIDA 33176

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MICHAEL SCHALIT, PRESIDENT ☐ Delete
10078 S.W. 125th STREET
MIAMI, FLORIDA 33176

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ELIE SCHALIT, CHAIRMAN ☐ Delete
TWO GROVE ISLE DRIVE APT. #1810
COCONUT GROVE, FLORIDA 33133

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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 CITY-ST-ZIP
☐ Change ☐ 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

Date

Daytime Phone #

3/26/01 (305) 670-2360

CR2E034 (11/00)