

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90136 047 ***150.00

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DOCUMENT # **M48943**

1. Entity Name

CONTINENTAL SHIPPING & TRADING IMPORT EXPORT, IN C.

Principal Place of Business

3759 N.W. 16 ST.
LAUDERHILL FL 33311

Mailing Address

3759 N.W. 16 ST.
LAUDERHILL FL 33311

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0019405**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BAILEY, ABE A. P.A.
20401 N.W. 2ND AVE.
SUITE 101
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name **TREVOR BAILEY**
Street Address (P.O. Box Number is Not Acceptable)
4940 OLD WINTER GARDEN RD
SUITE B.
City **ORLANDO** FL Zip Code **32811**

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 **TREVOR K. BAILEY**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/14/02**

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

TITLE **VP** ☐ Delete
NAME **HIBBERT, CECIL**
STREET ADDRESS **3700 NW 23RD ST.**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE **PD** ☐ Delete
NAME **BERRY, LEVY L.**
STREET ADDRESS **7334 FORRESTWOOD CT.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☐ Addition
NAME **CECIL HIBBERT**
STREET ADDRESS **3700 NW 23 RD ST.**
CITY-ST-ZIP **LAUDERDALE FL.**

TITLE **PD** ☐ Change ☐ Addition
NAME **BERRY, LEVY L.**
STREET ADDRESS **7334 FORRESTWOOD CT.**
CITY-ST-ZIP **ORLANDO 32858**

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

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

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

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)(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: **X SIGNATURE REQUIRED PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/02

CR2E034 (9/01)