

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90197 022 ***150.00

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**



☐ CHECK HERE IF MAKING CHANGES

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 **65-0019405**

Applied For

Not Applicable

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

TREVOR, BAILEY
4941 OLD WINTER GARDEN RD
STE B
ORLANDO FL 32811

Name

TREVOR BAILEY

Street Address (P.O. Box Number is Not Acceptable)

625 E. COLONIAL DR, SUITE 203

City

ORLANDO

FL

Zip Code

32803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

TREVOR BAILEY

Signature, typed or printed name of registered agent and title if applicable.

Trevor Bailey

(NOTE: Registered Agent signature required when reinstating)

3/2/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME **NO CHANGE**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME **NO CHANGE**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Levy L. Berry

Levy L. Berry

Date

Phone

Daytime Phone #

CR2E034 (10/02)