

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90008 032 ****70.00

DOCUMENT # N97000005701

1. Entity Name

VESSELS OF HONOR, INC.

✓

Principal Place of Business

10800 SW 135TH TERRACE
 MIAMI FL 33174

Mailing Address

10800 SW 135TH TERRACE
 MIAMI FL 33174

2. Principal Place of Business

9950 Hibiscus St.

3. Mailing Address

9950 Hibiscus St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33157

Country

USA

Zip

33157

Country

USA

5. Certificate of Status Desired

✗

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

INGRAHAM-LEONARD, REBECCA
 1313 NW 36TH STREET SUITE 200
 MIAMI FL 33142

7. Name and Address of New Registered Agent

Name

Jacqueline Del Rosario

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

9950 Hibiscus Street

City

Miami

FL

Zip Code

33157

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
 NAME ROSARIO, JACKIE DEL
 STREET ADDRESS 10800 SW 135TH TERRACE
 CITY-ST-ZIP MIAMI FL 33174

TITLE VD ☐ Delete
 NAME JONES, JUDY
 STREET ADDRESS 9401 SW 146 STREET
 CITY-ST-ZIP MIAMI FL 33176

TITLE SD ☐ Delete
 NAME INGRAHAM-LEONARD, REBECCA
 STREET ADDRESS 1313 NW 36TH STREET SUITE 200
 CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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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 617, 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:

SIGNATURE REQUIRED

CR2E037 (4/02)