

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043947

1. Entity Name

INTERNATIONAL SHIP OPERATORS, CORP.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90258 027 \*\*\*150.00

Principal Place of Business

2215 N.W. 14TH STREET  
MIAMI FL 33125

Mailing Address

2215 N.W. 14TH STREET  
MIAMI FL 33125

CUU53674



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9125 SW 77 AVENUE

Suite, Apt. #, etc.  
A 205

City & State  
MIAMI FL

Zip  
33156

Country  
USA

3. Mailing Address

9125 SW 77 AV

Suite, Apt. #, etc.  
A 205

City & State  
MIAMI FL

Zip  
33156

Country

4. FEI Number

65 1012504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, CARLOS L  
9485 SUNSET DRIVE  
SUITE A-204  
MIAMI FL 33173

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete  
NAME ROSADO, MARIA E  
STREET ADDRESS 2215 N.W. 14TH STREET  
CITY-ST-ZIP MIAMI FL 33125

TITLE ☐ Delete  
NAME STDA  
NAME VELASQUEZ, MARIA I  
STREET ADDRESS 2215 N.W. 14TH STREET  
CITY-ST-ZIP MIAMI FL 33125

TITLE ☐ Delete  
NAME D  
NAME VELASQUEZ, MARGARITA  
STREET ADDRESS 2215 N.W. 14TH STREET  
CITY-ST-ZIP MIAMI FL 33125

TITLE ☐ Delete  
NAME P  
NAME VELASQUEZ, JORGE  
STREET ADDRESS 2215 N.W. 14TH STREET  
CITY-ST-ZIP MIAMI FL 33125

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 ☐ 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

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-01 305-635-0426

CR2E034 (10/00)