

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90320 014 ***150.00

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DOCUMENT # P00000043947

1. Entity Name

INTERNATIONAL SHIP OPERATORS, CORP.



Principal Place of Business

**2215 NW 14TH STREET
MIAMI FL 33196**

Mailing Address

**2215 NW 14TH STREET
MIAMI FL 33196**

2. Principal Place of Business

3133 NW 16th street

3. Mailing Address

19311 SW 108 ter.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33125

Country

USA

Zip

33196

Country

USA

4. FEI Number

65-1012504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

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

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

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

TITLE **P** ☐ Delete
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

11. 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
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CITY-ST-ZIP

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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: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-03 305-6380293

CR2E034 (10/02)