

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060773

1. Entity Name

BLUE SEA STEAMSHIP AGENCY, CORP.

Principal Place of Business

2754 N W N. RIVER DRIVE
SUITE 1
MIAMI FL 33142

Mailing Address

2754 N W N. RIVER DRIVE
SUITE 1
MIAMI FL 33142

2. Principal Place of Business

2754 NW N. RIVER DRIVE

3. Mailing Address

2754 NW N. RIVER DRIVE

Suite, Apt. #, etc.

SUITE 3

Suite, Apt. #, etc.

SUITE 3

City & State

MIAMI, FL. 33142

City & State

MIAMI, FL. 33142

Zip

Country

Zip

Country

4. FEI Number

65-1024767

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

~~HERNANDEZ, CARLOS~~
~~90 S W 113TH COURT~~
~~MIAMI FL 33174~~

Name

JULIO C. GONZALEZ

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

16760 SW 36 COURT

City

MIRAMAR

FL

Zip Code

33027

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.

PRESIDENT

JULIO C. GONZALEZ

(NOTE: Registered Agent signature required when reinstating)

04/06/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME ~~HERNANDEZ, CARLOS~~
STREET ADDRESS ~~30 S W 113TH COURT~~
CITY-ST-ZIP ~~MIAMI FL 33174~~

TITLE PD ☒ Change ☐ Addition
NAME JULIO C. GONZALEZ
STREET ADDRESS 16760 SW 36 COURT
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE VD ☐ Delete
NAME GONZALEZ, JOANNA
STREET ADDRESS 16760 S W 36TH COURT
CITY-ST-ZIP MIRAMAR FL 33027

TITLE ☐ Change ☐ Addition
NAME
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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

JULIO C. GONZALEZ

04/06/2001

Date

305-525 7764

Daytime Phone #

CR2E034 (10/00)