

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90122 039 ***150.00

DOCUMENT # P00000084259

1. Entity Name

FORT LAUDERDALE SHIPPING, INC.

Principal Place of Business

2550 EISENHOWER BLVD. (AMMAN BLDG.611)
 FT. LAUDERDALE FL 33315

Mailing Address

2550 EISENHOWER BLVD. (AMMAN BLDG.611)
 FT. LAUDERDALE FL 33315

2. Principal Place of Business

950 ELLER DRIVE

3. Mailing Address

P.O. BOX 551182

Suite, Apt. #, etc.

Suite -B office #1

Suite, Apt. #, etc.

City & State

PORT EVERGLADES, FL

City & State

FT. LAUDERDALE, FL

Zip

33315

Country

USA

Zip

33355

Country

USA

4. FEI Number

65-1039705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BONHOMMETTE, JOEL
1021 SW 127TH TERR.
DAVIE FL 33325

7. Name and Address of New Registered Agent

Name

Joel Bonhomme

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

4441 SW 72nd Terrace

City

Davie

FL

Zip Code

33314

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

Joel Bonhomme

(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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	BONHOMMETTE, JOEL	
STREET ADDRESS	2550 EISENHOWER BLVD. (AMMAN BLDG.611)	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BONHOMMETTE, JOEL	
STREET ADDRESS	2550 EISENHOWER BLVD. (AMMAN BLDG.611)	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joel Bonhomme*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)