

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90079 027 ***150.00

0160430

DOCUMENT # P00000102333
 1. Entity Name
INTERORIENT SHIP MANAGEMENT, INC.

Principal Place of Business Mailing Address
2222 PONCE DE LEON BLVD., PENTHOUSE **2222 PONCE DE LEON BLVD., PENTHOUSE**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

B0037243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
95 MERRICK WAY **95 MERRICK WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 507 **SUITE 507**
 City & State City & State
CORAL GABLES FL **CORAL GABLES FL**

4. FEI Number Applied For
65-1068335 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SCHREIBER, GERHARDT A ESQ.
2222 PONCE DE LEON BLVD., PENTHOUSE
CORAL GABLES FL 33134

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	P/T/S MICHAEL WILCOCK	3929 STEWART AVE	COCONUT GROVE - FL - 33133	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D SAN LISSOW	3 THALIA STREET	LIMASSOL CYPRUS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D SAYVAS TROPHILIOES	3 THALIA STREET	LIMASSOL CYPRUS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D THEMIS PAPADOPOULOS	3 THALIA STREET	LIMASSOL CYPRUS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: M.A. Wilcock **MICHAEL A WILCOCK** 18th APRIL 01 3057746003
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)