

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

0270247
 AV

DOCUMENT # P01000023063

1. Entity Name

CARIBBEAN SEA SHIPPING LINE, INC.

03-25-2002 90144 038 ***150.00

Principal Place of Business
2520 NORTHWEST 97TH AVENUE
SUITE 110
MIAMI FL 33172

Mailing Address
2520 NORTHWEST 97TH AVENUE
SUITE 110
MIAMI FL 33172



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

22-3789480

Not Applicable

Zip

Country

Zip

Country

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name **PETER SANTANGELO**

Street Address (P.O. Box Number is Not Acceptable)
12020 NW 2 DRIVE

City **CORAL SPRINGS**

FL

Zip Code **33172**

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]

(NOTE: Registered Agent signature required when reinstating)

2/3/2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
ST
 NAME **SANTANGELO, PETER**
 STREET ADDRESS **2520 NORTHWEST 97TH AVENUE SUITE 110**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☒ Change ☐ Addition
ST
 NAME **SANTANGELO, PETER**
 STREET ADDRESS **2520 NW 97th AVE**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
V
 NAME **TITLEY, ANDREW**
 STREET ADDRESS **2520 NORTHWEST 97TH AVENUE SUITE 110**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☒ Change ☐ Addition
V
 NAME **TITLEY, ANDREW**
 STREET ADDRESS **263 E MORRICK RD #209**
 CITY-ST-ZIP **VALLEY STREAM NY 11580**

TITLE ☐ Delete
PD
 NAME **TEOH, BOBBY**
 STREET ADDRESS **2520 NORTHWEST 97TH AVENUE SUITE 110**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
PD
 NAME **TEOH, BOBBY**
 STREET ADDRESS **263 E MORRICK RD, #209**
 CITY-ST-ZIP **VALLEY STREAM NY 11580**

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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)(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 #

A. TITLEY

11/7/02 (516) 561-1919

CR2E034 (9/01)