

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

**FILED**  
**May 03, 2004 08:00 AM**<sup>ATX</sup>  
**Secretary of State**

<b>DOCUMENT #</b> P01000065420	
<b>1. Entity Name</b>	
ALLIED MARITIME INVESTMENTS CORP	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 3795 NW SOUTH RIVER DR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 860 CORAL RIDGE DR Suite, Apt. #, etc. 202	
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b> CORAL SPRINGS, FL	
<b>Zip</b> 33142	<b>Country</b> USA	<b>Zip</b> 33071	<b>Country</b> USA

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 80-0033094	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Addition-</b> Fee Required

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> JOHN C. LOUIS	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 860 CORAL RIDGE DR # 202	
<b>City</b> CORAL RIDGE	<b>FL</b> <b>Zip Code</b> 33071

**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**

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be**  
**Trust Fund Contribution.** Added to Fees

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PRESIDENT JOHN C. LOIS 860 Coral Springs FL 33071
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Vice President Wilson Mendoza Rivulet Road Couva, Trinidad & Tobago
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**11.**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	UC00005154794 05/05/04-80011-012 150.00
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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IN THIS SPACE**

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