

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

DOCUMENT # P01000112429

1. Entity Name

Orion Shipping, Inc.



FILED

03 NOV -4 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6991 NW 82 AV

3. Mailing Address

SAME

Suite, Apt. #, etc.

1103

Suite, Apt. #, etc.

City & State

Miami

City & State

Zip

33166

Country

USA

Zip

Country

REINSTATEMENT

03

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1156291

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name JAIME PALMA

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

6991 NW 82 AV BAY 11

City MIAMI

FL

Zip Code
33166

**DO NOT WRITE
IN THIS SPACE**

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.

(If 101E: Registered Agent Signature required, which is not applicable)

DATE

09/23/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME PD
STREET ADDRESS JAIME PALMA JR.
CITY-ST-ZIP 6991 NW 82 AV BAY 11 MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500023522145
10/02/03--01084--015 **158.75

TITLE
NAME VD
STREET ADDRESS ANA PALMA
CITY-ST-ZIP 6991 NW 82 AV BAY 11 MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500023522145
11/12/03--01025--028 **50.00

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11/12/03--01025--029 **100.00

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CITY-ST-ZIP

12. 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 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

Jaime Palma

09/23/03

305-463-0867

Date

Daytime Phone #

CR2E034B (12/02)

ORION SHIPPING, INC.

6991 NW 82 AV Bay 11 Miami, Fl 33166
Email: info@orionshipping.us / accounting@orionshipping.us

Tel: 305-463-0867
Fax: 305-463-8678

September 23, 2003

Uniform Business Report
Division of Corporations
P.O Box -1500-
Tallahassee, Fl 32302-1500

Reference: Document # P01000112429

Gentlemen:

Enclosed you will find the Uniform Business Report and our check # 1083 for the amount of \$ 158.75 in order to reinstate our company Orion Shipping, Inc.

Since we never received the UBR form by mail, we spoke to one of your representatives over the telephone on 9/23/03 and we were advised to write this letter explaining this situation.

We appreciate your cooperation and hope that you reinstate our company as soon as possible.

Sincerely

Jaime Palma Jr.
President