

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91395 046 ***150.00

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1. Entity Name
RACE SHIPPING, INC.



Principal Place of Business
9620 NE 2ND AVE. #200
MIAMI SHORES FL 33138

Mailing Address
9620 NE 2ND AVE. #200
MIAMI SHORES FL 33138



2. Principal Place of Business
9000 NE 3RD AVE.

3. Mailing Address
9000 NE 3RD AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIA. FL.

City & State
MIAMI, FL. 33138

4. FEI Number
37-1428905

Applied For
Not Applicable

Zip
33138

Country
DADE

Zip
33138

Country
DADE

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

NUNNALLY, ADDIE
9000 NE 3RD AVE.
MIAMI FL 33138

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Addie Nunnally*

DATE 1-20-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SHEARON, ROGER
STREET ADDRESS 9000 NE 3RD AVE.
CITY-ST-ZIP MIAMI FL 33138

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME NUNNALLY, ADDIE
STREET ADDRESS 9000 NE 3RD AVE.
CITY-ST-ZIP MIAMI FL 33138

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME DAVIS, CHARLENE
STREET ADDRESS 9000 NE 3RD AVE.
CITY-ST-ZIP MIAMI FL 33138

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CEO ☒ Delete
NAME JOYNER, HYWATH
STREET ADDRESS 9000 N.E. 3RD AVE.
CITY-ST-ZIP MIAMI FL 33138

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ray Sk 1-20-03

Date

Daytime Phone #

CR2E034 (10/02)