

FILED
Jun 06, 2003 8:00 am
Secretary of State

05-05-2003 90374 020 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000069170		
1. Entity Name CARIBBEAN SHIP SERVICES, INC.		
Principal Place of Business 2222 PONCE DE LEON BLVD PENTHOUSE SUITE CORAL GABLES FL 33134		Mailing Address 2222 PONCE DE LEON BLVD PENTHOUSE SUITE CORAL GABLES FL 33134
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 01-0722490		Applied For (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 SUITE 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (Signature typed or printed name of registered agent and date if appropriate) (NOTE: Registered Agent signature required when accepting) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$350.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May 6 Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP Pres./Dir. Richard Dubin 577 NW 30. Avenue Dr. Miami FL 33136	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Add
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 or power of attorney to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other filers empowered.		
SIGNATURE: Richard Dubin, Pres. 305 549-7777 (Signature typed or printed name of officer or director and date if appropriate) (NOTE: Officer or Director signature required when accepting) DATE		