2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000093595 **DOCUMENT #**

1. Entity Name

VESSEL LAND CORPORATION



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90062 032 ***150.00

Principal Plac 9600 SW 8 ST MIAMI FL 3317	REET STE 50		9600	Mailing Address 9600 SW 8 STREET STE 50 MIAMI FL 33174) 			
2. Principal Place of Business				3. Mailing Address				O LONGERANT EST DONLA ESPOT DASSE DONES AL		O LINDY DYLLO	0101 4111 1 1 101	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State							oplied For	
Zip Country			Zip		Country	fry 5. Certificate of Status Desired		Certificate of Status Desired	\$8.75 Additional Fee Required			
	6. Name	and Address of Curr	ent Registere	red Agent			7. Name and Address of New Registered Agent					
						Name						
ruiz, robert j					- Charles (DO Barkland in Market in							
9600 SW 8 STREET STE 50					i	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL	33174											
					-	City			FL	Zip Code		
signature	Signature typed ILE NOW!! r May 1, 200	ered agent. or printed name of registered at 1 FEE IS \$150.00 13 Fee will be \$550.	gent and title if app			office or registe		ent, or both, in the State of Florid instating) 9. Election Campaign Finan Trust Fund Contribution.	DATE	\$5.0	and accept O May Be	
Make Checi	k Payable to	Florida Departmer	t of State									
10. **	<u>.</u>	OFFICERS A	ND DIRECTO		11.	 1	ADI	DITIONS/CHANGES TO OFFICE				
NAME	D RUIZ, ROB 9600 SW 8 MIAMI FL 3	STREET STE 50		☐ Delete	NAME STREET	ADDRESS - ZIP				Change	☐ Addition	
TITLE				☐ Delete	TITLE				[Change	☐ Addition	
NAME					NAME							
STREET ADDRESS]					ADDRESS					Ì	
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TITLE	,			Delete	TITLE	-				☐ Change	Addition	
NAME STREET ADDRESS		-			- NAME STREET A	Innecee		٠.		***		
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TITLE				☐ Delete	TITLE				Г] Change	Addition	

12. Thereby 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP