

DOCUMENT # P36355

1. Entity Name

INTERNATIONAL SHIPPING BUREAU (U.S.A.), INC.

Principal Place of Business

Mailing Address

5 MARINE VIEW PLAZA
222
HOBOKEN NJ 07030
US5 MARINE VIEW PLAZA
222
HOBOKEN NJ 07030-5722
US

2. Principal Place of Business

3. Mailing Address

1310 NW 18th Ave
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33125 USA

4. FEI Number 22-2886213

Applied For

Not Applicable

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

PADILLA, JULIAN
1310 NORTHWEST 18TH AVENUE
MIAMI FL 33125Name
Julian Padilla
Street Address (P.O. Box Number is Not Acceptable)
1310 NW 18th AveCity & State
Miami, FL
Zip Code
33125

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.

SIGNATURE

Signature, typed or printed name of agent and when applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PADILLA, JULIAN
5 MARINE VIEW PLAZA, SUITE 222
HOBOKEN NJ 07030 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PADILLA, ROBERT
5 MARINE VIEW PLAZA, SUITE 222
HOBOKEN NJ 07030 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PADILLA, RENE
5 MARINE VIEW PLAZA, SUITE 222
HOBOKEN NJ 07030 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

201-420-8648

FILED
Mar 31, 2000 8:00 am
Secretary of State

01-20-2000 90225 043 ***150.00

03-31-2000 90106 011 *****8.75



DO NOT WRITE IN THIS SPACE