

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067514 ST  
 1. Entity Name **K & M SHIPPING INC.**  
**15476 NW 77ct PMB 323**  
**Miami FL 33016**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**  
 05-17-2000 91106 001 \*\*\*450.00

Principal Place of Business Mailing Address  
**15476 NW 77ct**  
**PMB 323**  
**Miami FL 33016** **Same**

10410

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0488315** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**LINDA BABOUN**  
**7136 Ballantree Ct**  
**Miami FL 33016**

7. Name and Address of New Registered Agent  
 Name **LINDA BABOUN**  
 Street Address (P.O. Box Number is Not Acceptable) **7136 Ballantree Ct**  
 City **Miami** FL Zip Code **33016**

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 *Linda Baboun* DATE **4-26-2000**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| 11. OFFICERS AND DIRECTORS |                                |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|----------------------------|--------------------------------|---------------------------------|---|--|---|
| TITLE                      | <b>President</b>               | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JOSEPH KETANT</b>           |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>1290 NW 120 St.</b>         |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>Miami FL 33167</b>          |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | <b>Vice President</b>          | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Samir MOURRA</b>            |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>8515 NW 166 Ter</b>         |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>Miami FL 33016</b>          |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      | <b>Marie Jeanne Ketant</b>     | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Secretary</b>               |                                 | NAME  |  |   |
| STREET ADDRESS             | <b>1290 NW 120 St Miami FL</b> |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | <b>33167</b>                   |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                |                                 | NAME  |  |   |
| STREET ADDRESS             |                                |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                |                                 | NAME  |  |   |
| STREET ADDRESS             |                                |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                |                                 | NAME  |  |   |
| STREET ADDRESS             |                                |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                |                                 | CITY-ST-ZIP   |  |   |

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: *Samir Mourra* DATE **4-26-2000** DAYTIME PHONE # **3057763238**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)