

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90125 021 \*\*\*150.00

**DOCUMENT # P94000047667**

1. Entity Name  
**LION SHIPPING, INC.**

Principal Place of Business

**8055 N.W. 77TH COURT. STE. #3  
 MIAMI FL 33166  
 US**

Mailing Address

**2315 N.W. 107 AVENUE  
 BOX 111  
 MIAMI FL 33172**

2. Principal Place of Business

**2315 NW 107 Ave**

3. Mailing Address

Suite, Apt. #, etc.

**Suite B17**

City & State

**Miami, FL**

City & State

Zip

**33172**

Country

Country

4. FEI Number

**65-0548054**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COHEN, NILY  
 8055 N.W. 77TH COURT  
 SUITE #3  
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

**David J. Taney**

Street Address (P.O. Box Number is Not Acceptable)

**19495 Biscayne Blvd.**

**Suite 300**

City

**Aventura**

**FL**

Zip Code  
**33180**

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/23/02**

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, 2002 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

TITLE **D** ☐ Delete  
 NAME **COHEN, NILY**  
 STREET ADDRESS **8055 N.W. 77TH COURT, #3**  
 CITY-ST-ZIP **MIAMI FL 33166**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/T/S** ☒ Change ☒ Addition  
 NAME **D/P/T/S**  
 STREET ADDRESS **2315 NW 107 Ave., Box 111**  
 CITY-ST-ZIP **Miami, FL 33172**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02 (305) 716-7499**

Date

Daytime Phone #

CR2E034 (9/01)