

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 23, 2001 8:00 am
Secretary of State

04-27-2001 90379 014 ***150.00

DOCUMENT # P96000031425

1. Entity Name

B & C SHIPPING LINE CORPORATION

Principal Place of Business

Mailing Address

1881 N.W. 93RD AVENUE
 MIAMI FL 33172

1881 N.W. 93RD AVENUE
 MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

520 Brickell Key Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

0-305

City & State

City & State
 Miami, Florida

4. FEI Number **65-0659514**

Applied For

Not Applicable

Zip

Country

Zip

33131

Country

USA

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

RILO, GLORIA R.
1881 NW 93 AVE
MIAMI FL 33172

Name
FREEMAN, STEPHEN

Street Address (P.O. Box Number is Not Acceptable)
520 BRICKELL KEY DRIVE, Suite 0-305

City
MIAMI

FL

Zip Code
33131

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)

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, 2001 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	TSD	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, FELIX	
STREET ADDRESS	1881 NW 93RD AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BENAVIDES, ENRIQUE JR	
STREET ADDRESS	1881 NW 93RD AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RILO, GLORIA R	
STREET ADDRESS	1881 NW 93RD AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORIS GAYSIN	
STREET ADDRESS	1881 N.W. 95 Avenue	
CITY-ST-ZIP	Miami, Florida 33172	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jorge Rubio	
STREET ADDRESS	1881 NW 93 Avenue	
CITY-ST-ZIP	Miami Florida 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

BORIS GAYSIN

APRIL 19, 2001

305 374-3800

Date

Daytime Phone #

CR2E034 (10/00)