

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000037714**

1. Entity Name

**ANCHOR SHIPPING CO.****FILED****Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90005 028 \*\*\*150.00

**C0023523**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**1031 IVES DAIRY RD  
#228  
N MIAMI BEACH FL 33-3179  
US****1031 IVES DAIRY RD  
#228  
N MIAMI BEACH FL 33179-2538  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0664140**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HERNANDEZ, ALFRED  
2335 NE 195TH ST.  
NORTH MIAMI FL 33180**

Name

**HERNANDEZ, ALFRED**

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

**4853 NW 97 AVE**

City

**Miami****FL**

Zip Code

**33178**

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

**ALFRED HERNANDEZ****2-16-00**

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, 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>PVP</b>	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, ALFRED</b>	
STREET ADDRESS	<b>2335 NE 195TH ST.</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33180</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, ALFRED</b>	
STREET ADDRESS	<b>2335 NE 195TH ST.</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33180</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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
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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:

**ALFRED HERNANDEZ****02-16-00****305-933-2141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)