

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037714

1. Entity Name

ANCHOR SHIPPING CO.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

4853 NW 97 CT

3. Mailing Address

4853 NW 97 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

6. Name and Address of Current Registered Agent

HERNANDEZ, ALFRED
4853 NW 97 AVE
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 ☐ Delete
NAME PVP
STREET ADDRESS HERNANDEZ, ALFRED
CITY-ST-ZIP 2335 NE 195TH ST.
NORTH MIAMI BEACH FL 33180

TITLE ☐ Delete
NAME ST
STREET ADDRESS HERNANDEZ, ALFRED
CITY-ST-ZIP 2335 NE 195TH ST.
NORTH MIAMI BEACH FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

ALFRED HERNANDEZ

Date

4/2/01

Daytime Phone #

305-933-2141

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90499 016 ***158.75

737735



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0664140

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

CR2E034 (10/00)