

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED

Jun 02, 2001 8:00 am
Secretary of State

04-27-2001 90266 007 ***150.00

DOCUMENT # P96000037854

1. Entity Name

GLOBAL MARINE TWO, INC.

Principal Place of Business

Mailing Address

2215 NW 17 ST.
MIAMI FL 33125

2215 NW 17 ST.
MIAMI FL 33125

2. Principal Place of Business

16 22 - 30 NW 22 AV

3. Mailing Address

9125 SW 77 AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A 205

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELAZQUEZ, JORGE
2215 NW 14 ST.
MIAMI FL 33125

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 PVSD ☐ Delete
NAME VELAZQUEZ, JORGE
STREET ADDRESS 2215 NW 14 ST.
CITY-STATE-ZIP MIAMI FL 33125

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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CITY-STATE-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 OF DIRECTOR

Date

Daytime Phone #

- 47865



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

4, 23-01 305-6350420

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) GLOBAL MARINE TWO INC		3 Executor, trustee, care of name Attachment 47865	
2 Trade name of business (if different from name on line 1) 9125 SW 77 AV SUITE A205		5a Business address (if different from address on lines 4a and 4b) 1622 30 NW 22 AV	
4a Mailing address (street address) (room, apt., or suite no.) MIAMI FL 33156		5b City, state, and ZIP code MIAMI FL 33136	
4b City, state, and ZIP code USA			
6 County and state where principal business is located USA			
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶			

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- ☒ Sole proprietor (SSN) ☐ Partnership ☐ REMIC ☐ State/local government ☐ Church or church-controlled organization ☐ Other nonprofit organization (specify) ▶ ☒ Other (specify) ▶ **SHIP TERMINAL**
- ☐ Personal service corp. ☐ National Guard ☐ Farmers' cooperative ☐ Estate (SSN of decedent) ☐ Plan administrator (SSN) ☐ Other corporation (specify) ▶ ☐ Trust ☐ Federal government/military
- (enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State FL	Foreign country
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- 9 Reason for applying (Check only one box.) (see instructions)
- ☐ Started new business (specify type) ▶ ☐ Banking purpose (specify purpose) ▶ ☐ Changed type of organization (specify new type) ▶ ☒ Purchased going business ☐ Created a trust (specify type) ▶ ☐ Other (specify) ▶
- ☐ Hired employees (Check the box and see line 12.) ☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) (see instructions) **11-20-00**

11 Closing month of accounting year (see instructions) **December**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural 0	Agricultural	Household
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14 Principal activity (see instructions) **SHIP TERMINAL**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.

☒ Public (retail) ☐ Other (specify) ▶ ☐ Business (wholesale)

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed ▶ Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
(305) 635 0420

Fax telephone number (include area code)
(305) 635 6364

Name and title (Please type or print clearly.) ▶ **Jorge E. Velasquez, President**

Signature ▶ **[Signature]** Date ▶ **5-17-01**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Sec.	Ind.	Class	Size	Reason for applying
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