

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093236

1. Entity Name

ATLANTIC & CARIBBEAN SHIPPING CO. INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90191 036 ***150.00

Principal Place of Business

Mailing Address

C/O GEORGE R. FUNARO & CO. PC
ONE PENN PLAZA, SUITE 3515
NEW YORK NY 10119

C/O GEORGE R. FUNARO & CO. PC
ONE PENN PLAZA, SUITE 3515
NEW YORK NY 10119-3599

603515



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1400 NORTHEAST 54TH ST

Suite, Apt. #, etc.

STE 202
3.54 9:00 AM

City & State FT LAUDERDALE FL

City & State

4. FEI Number 59-3410488

Applied For

Not Applicable

Zip 33334

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

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301

Name

JEFF KOSKO

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

1400 NORTHEAST 54TH ST

City FT. LAUDERDALE

FL

Zip Code

33334

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, 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	PT	<input type="checkbox"/> Delete
NAME	KOSKO, JEFF	
STREET ADDRESS	1400 NORTHEAST 54TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AMERI, MAURIZIO	
STREET ADDRESS	ONE PENN PLAZA STE 3515	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAMAROO, HARI K	
STREET ADDRESS	ONE PENN PLAZA STE 3515	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	SATLIN, SHELDON	
STREET ADDRESS	ONE PENN PLAZA STE 3515	
CITY-ST-ZIP	NEW YORK NY	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED: J. Kosko

1-10-00

(954) 776-3332