

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90071 020 ***150.00

DOCUMENT # P98000068744

1. Entity Name

CARIBBEAN SHIPPING AGENCIES, INC.

Principal Place of Business

7815 S.W. 97TH PLACE
 MIAMI FL 33173

Mailing Address

7815 S.W. 97TH PLACE
 MIAMI FL 33173-3135

833331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10125 NW 116 Way

3. Mailing Address

10125 NW 116 Way

Suite, Apt. #, etc.

16

Suite, Apt. #, etc.

16

City & State

Medley, Florida

City & State

Medley, Florida

4. FEI Number

65-0866143

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

33178

Country

U.S.A.

Zip

33178

Country

U.S.A.

6. Name and Address of Current Registered Agent

MCCONNELL, ROBERT
 7815 S.W. 97TH PLACE
 MIAMI FL 33173

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 Robert M'Connell, C.P.A.

Signature, typed or printed name of registered agent and title if applicable.

Robert M'Connell, C.P.A.

(NOTE: Registered Agent signature required when reinstating)

3/26/2000

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

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ANTONI, BARRY | |
| STREET ADDRESS | 13020 SW AVENUE APT 202A | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | President | <input type="checkbox"/> Delete |
| NAME | Antoni, Barry | |
| STREET ADDRESS | 10180 SW 88th Street #405 | |
| CITY-ST-ZIP | Miami, Florida, 33176 | |
| 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 | | <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 | | |
| 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: ANTONI BARRY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00
 Date

305-888-8535
 Daytime Phone #

CR29034 (9/99)