

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073204

1. Entity Name

Y N L SHIPPING CORP.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90023 048 ***158.75

Principal Place of Business

Mailing Address

8399 NW 66 ST
2ND FLOOR S #1&2
MIAMI FL 33166

8399 NW 66 ST
2ND FLOOR S #1&2
MIAMI FL 33166-2653

2. Principal Place of Business

3. Mailing Address

SAME
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0859237

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, JESUSA
4995 N.W. 72ND AVE
SUITE 408
MIAMI FL 33166

Name

GONZALEZ, JESUSA

Street Address (P.O. Box Number is Not Acceptable)
8399 N.W. 66 STREET

SUITE # 1 & 2

City

MIAMI,

FL

Zip Code
33166

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GONZALEZ, JESUSA
171 EAST 55TH ST.
MIAMI FL 33013

☐ Delete

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

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☐ Change ☐ Addition

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: Jesusa Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-00

Date

Daytime Phone #

CR2E034 (9/99)