

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078740

1. Entity Name

SHIP AFICIONADO QUARTERLY, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90114 046 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 16066
MIAMI FL 33101-6066

P.O. BOX 16066
MIAMI FL 33101-6066

2. Principal Place of Business

17018 SW 35 ST.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

City & State

Zip

33027

Country

USA

Country

4. FEI Number

65-0863434

Applied For

Not Applicable

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

HERNANDEZ, ANDRES
5307 WEST 22ND COURT
HIALEAH FL 33016

Name

HERNANDEZ, ANDRES

Street Address (P.O. Box Number, if Applicable)

17018 SW 35 ST.

City

MIRAMAR,

FL

Zip Code

33027

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.

K
SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3-21-00

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 \$350.00

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 PD
NAME HERNANDEZ, ANDRES
STREET ADDRESS 5307 WEST 22ND CT.
CITY-ST-ZIP HIALEAH FL 33016 ☐ Delete

TITLE PD
NAME HERNANDEZ, ANDRES
STREET ADDRESS 17018 SW 35 ST.
CITY-ST-ZIP MIRAMAR, FLORIDA 33027 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-00
Date

Daytime Phone #

CR2E034 (9/99)