

2001

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092196

1. Entity Name

NEWBAY SHIPPING, INC.

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90008 031 ***158.75

0042368

A0074321



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5301 BLUE LAGOON, SUITE 470 MIAMI FL 33126		Mailing Address 5301 BLUE LAGOON, SUITE 470 MIAMI FL 33126	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0874103		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AZCARRETA, NATHALIE
5301 BLUE LAGOON, SUITE 470
MIAMI FL 33126

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE AZCARRETA, NATHALIE 5301 BLUE LAGOON, SUITE 470 MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FEYRER, JOHN D 5301 BLUE LAGOON, SUITE 470 MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (5/00)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 16, 2001

NEWBAY SHIPPING, INC.
5301 BLUE LAGOON, SUITE 470
MIAMI, FL 33126

SUBJECT: NEWBAY SHIPPING, INC.
Ref. Number: P98000092196

We have received your document for NEWBAY SHIPPING, INC. and check(s) totaling \$750.00. However, your check(s) and document are being returned for the following:

Documents reinstating the above listed entity were previously filed with this office. Please see the attached computer printout.

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Stacy Prather
Document Specialist

Letter Number: 401A00022444

A large, stylized handwritten signature, likely of Stacy Prather, in dark ink.

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Attachment
#P98000092196
A074321