

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

06-20-2001 90007 003 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006544

1. Entity Name

AMERICAN SHIPPING & EXPORT, INC.

Principal Place of Business

14127 N.W. 19th Avenue
Opa Locka Florida 33054

Mailing Address

14127 N.W. 19th Avenue
Opa Locka Florida 33054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0892496

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

SAENZ, EVELYN
14127 N.W. 19th Avenue
Opa Locka FL 33054

Name

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

City

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 providing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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	☐ Delete
	SAENZ, EVELYN	14127 N.W. 19th Avenue	Opa Locka FL 33054	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Delete
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TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Change	☐ Add
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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 changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001

(305) 769-0562

Date

Daytime Phone #