FILED
Aug 29, 2000 8:00 am
Secretary of State
08-29-2000 90033 036 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011709

Corporation Name: Graham & Son INT'L Shipping CO.

Principal Place of Business / Mailing Address
7225 NW 25 Street # 214
Miami, FL 33122

00082315

DO NOT WRITE IN THIS SPACE

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 65-0892669 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MR JOSE O. Graham
7225 NW 25 Street # 214
Miami, FL 33122

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete
D / Jose O Graham / 1503 SW 119th Ave / Pembroke Pines, FL 33025	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ 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 — Date — Daytime Phone #

Attachment
DH P99000017109
D00823 15

Division of Corporations
P.O. BOX 6327
Tallahasse, Fl 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $150.00 for the annual reports fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **GRAHAM & SON INT'L SHIPPING, CO.** Thank you for your courtesy in this matter.

JOSE O. GRAHAM
President