

000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011709

Graham & SON INT'L SHIPPING CO.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90033 036 ***150.00

Place of Business Mailing Address
 225 NW 25 STREET # 214
 MIAMI, FL 33122

Place of Business 3. Mailing Address
 Suite Apt #, etc.
 City & State

Country Zip Country

4. FEI Number 05-0892669 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

JOSE O. GRAHAM
 225 NW 25 STREET # 214
 MIAMI, FL 33122

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

I hereby certify that I am the owner of this corporation and I am authorized to execute this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

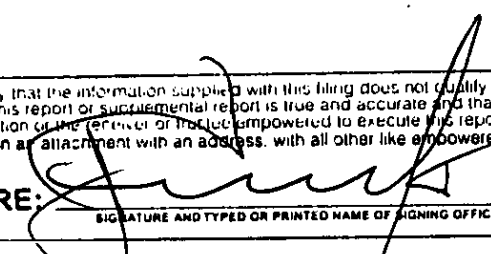
Signature of Registered Agent (Signature required when re-registering) DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elect to do so (see Section 607, Florida Statutes) ☐ **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 (If 11)	
NAME	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE	☐ Change ☐ Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE	☐ Change ☐ Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE	☐ Change ☐ Addition
		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)(b), 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 person or persons 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 like empowered.

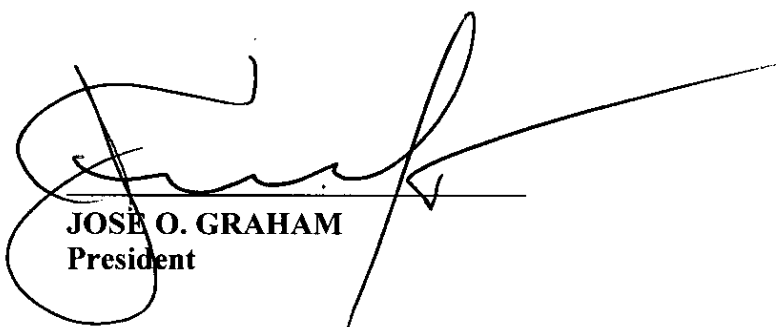
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment
D# 09900001709
0008315

Division of Corporations
P.O. BOX 6327
Tallahassee, 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