

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90008 037 ***150.00

DOCUMENT # 999000011709
1. Entry Name GRAHAM & SON INT'L SHIPPING CO.

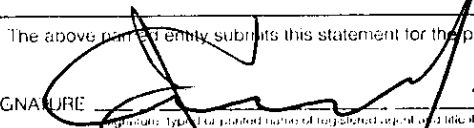
Principal Place of Business 15705 MIAMI LAKEWAY N. #115-B MIAMI LAKES, FL. 33014
Mailing Address 15705 MIAMI LAKEWAY N. # 115-B MIAMI LAKES, FL. 33014

2. Principal Place of Business 15705 MIAMI LAKEWAY N. Suite, Apt. #, etc. 115-B
3. Mailing Address 15705 MIAMI LAKEWAY N. Suite, Apt. #, etc. 115-B
City & State MIAMI LAKES FL. **City & State** MIAMI LAKES FL.
Zip 33014 **Country** U.S.A. **Zip** 33014 **Country** U.S.A.

4. FEI Number 65-0892669 **Appl. For** Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 GRAHAM, JOSE O. Sr.
 15705 MIAMI LAKEWAY N.
 MIAMI LAKES, FL. 33014
 SUITE # 115-B

7. Name and Address of New Registered Agent
Name GRAHAM, JOSE O. Sr.
Street Address (P.O. Box Number is Not Acceptable)
 15705 MIAMI LAKEWAY N. # 115 b
City MIAMI LAKES **FL** **Zip Code** 33014

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  **DATE** 5/29/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001, 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**

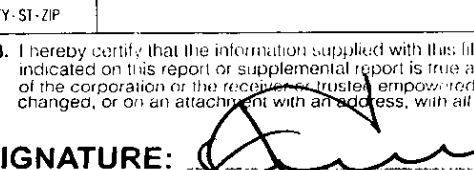
1. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☒ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
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:  **JOSE O. GRAHAM/PRESIDENT** **TEL (305) 828-7540**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5/29/01

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