

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019462

1. Entity Name

ATLANTIC EXPRESS SHIPPING, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90061 011 ***150.00

Principal Place of Business

Mailing Address

~~600 SOUTHWEST 3RD STREET~~
~~HALLANDALE FL 33009~~

633 SOUTHWEST 3RD STREET
HALLANDALE FL 33009-6206

13833 NW 19th Ave
Miami FL 33054

2. Principal Place of Business

13833 NW 19th Ave

3. Mailing Address

P.O. Box 1322

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Hallandale FL

Zip

33054

Country

USA

Zip

33008

Country

4. FEI Number

65-0903209

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD
NAME ORKABI, EYAL
STREET ADDRESS 633 SOUTHWEST 3RD STREET
CITY-ST-ZIP HALLANDALE FL 33009

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

305/9533888

Daytime Phone #