

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032836

1. Entity Name

MARITIME TRANSPORT LINE, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90037 001 ***158.75

Principal Place of Business

7832 COLLINS AVENUE #503
MIAMI BEACH FL 33141

Mailing Address

7832 COLLINS AVENUE #503
MIAMI BEACH FL 33141-2173

2. Principal Place of Business

6405 NW 36th

Suite, Apt. #, etc.

Suite 222

City & State

Virginia Gardens

Zip

33166

Country

USA

3. Mailing Address

6405 NW 36th

Suite, Apt. #, etc.

Suite 222

City & State

Virginia Gardens

Zip

33166

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0910729

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

LEAL, ANTONIO A
7832 COLLINS AVENUE #503
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

JUAN RAMON HERRERA

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

6405 NW 36th St. # 222

City

MIAMI

FL

Zip Code

33166

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

2/29/00

9. 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 PD
NAME LEAL, ANTONIO A
STREET ADDRESS 7832 COLLINS AVENUE #503
CITY-ST-ZIP MIAMI BEACH FL 33141 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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 PD
NAME EFRAIN A JARAMILLO
STREET ADDRESS 6405 NW 36th # 222
CITY-ST-ZIP Virginia Gardens, FL 33166 ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EFRAIN A JARAMILLO 02-29-00