

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034480

1. Entity Name

Universal Ship Supply, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 JUN -8 PM 2:09

Principal Place of Business

3562 NW 95th Terrace
Apt. Q-2
Sunrise, Fl 33351

Mailing Address

3562 NW 95th Terrace
Apt. Q-2
Sunrise, Fl 33351

2. Principal Place of Business

Same

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0934531

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Luis Fernando Mesa Pinto
3562 NW 95th Terrace, Apt. Q-2
Sunrise, Fl 33351

7. Name and Address of New Registered Agent

Name

Same

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 of President or registered agent and title if applicable

Luis F. Mesa Pinto, President

06/05/00

(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)

☐

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

President
Luis Fernando Mesa Pinto
3562 NW 95th Terr., Apt. Q-2
Sunrise, Fl 33351

☐ Delete

☐ Delete

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☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100003291081--1
-06/15/00--01060--008
****150.00 ****150.00

☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

Luis F. Mesa Pinto, President

Date

06/05/00

Daytime Phone #

CR2E034 (9/99)