

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90074 045 \*\*\*150.00

0179987

**DOCUMENT # P99000075779**

1. Entity Name

**AMERICARIBBEAN MARITIME GROUP, INC.**

Principal Place of Business

**85 GRAND CANAL DR. #305  
 MIAMI FL 33144**

Mailing Address

**85 GRAND CANAL DR. #305  
 MIAMI FL 33144**

2. Principal Place of Business

**2754 NW N RIVER DRIVE**

3. Mailing Address

**2754 NW N RIVER DRIVE**

Suite, Apt. #, etc.

**SUITE 5**

Suite, Apt. #, etc.

**SUITE 5**

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

Zip

**33142**

Country

**US**

Zip

**33142**

Country

**US**

4. FEI Number

**65-0945855**

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

**GONZALEZ, JULIO C**

**17402 SW 18 STREET**

**MIRAMAR FL 33029**

Name

**(NEW ADDRESS)**

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

**16760 SW 36 COURT**

City

**MIRAMAR**

**FL**

Zip Code

**33027**

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.

**JULIO C. GONZALEZ / PRESIDENT**

(NOTE: Registered Agent signature required when reinstalling)

**04-02-2001**

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, 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**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **GONZALEZ, JULIO C**  
 STREET ADDRESS **17402 SW 18 STREET**  
 CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE **VD** ☐ Delete  
 NAME **GONZALEZ, JOANNA Z**  
 STREET ADDRESS **17402 SW 18 STREET**  
 CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

(ONLY NEW ADDRESS) ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **16760 SW 36 COURT**  
 CITY-ST-ZIP **MIRAMAR, FLORIDA 33027**

(ONLY NEW ADDRESS) ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **16760 SW 36 COURT**  
 CITY-ST-ZIP **MIRAMAR, FLORIDA 33027**

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **X**

**JULIO C. GONZALEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-02-2001**

Date

**305-525 7764**

**305-6334035**

Daytime Phone #

CR2E034 (10/00)