

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075782

1. Entity Name

AMERICARIBBEAN SHIP SURVEYORS ASSOCIATION, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90007 007 ***150.00

0180883

Principal Place of Business
85 GRAND CANAL DRIVE, #305
MIAMI FL 33144

Mailing Address
85 GRAND CANAL DRIVE, #305
MIAMI FL 33144

2. Principal Place of Business
2754 NW N-RIVER DRIVE
Suite, Apt. #, etc.
SUITE 3

3. Mailing Address
2754 NW N RIVER DRIVE
Suite, Apt. #, etc.
SUITE 3

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip 33142 Country US

Zip 33142 Country US

4. FEI Number 65-0945854

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
~~GONZALEZ, JULIO C~~
~~17402 SW 18 STREET~~
~~MIRAMAR FL 33029~~

7. Name and Address of New Registered Agent
Name LUIS F. LEAL
Street Address (P.O. Box Number is Not Acceptable)
3170 SW 8 STREET
LOT K1015
City MIAMI FL Zip Code 33135

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 LUIS F. LEAL PRESIDENT 04-06-2001
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)

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	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, JULIO C	
STREET ADDRESS	17402 SW 18 STREET	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEAL, LUIS F	
STREET ADDRESS	2041 SW 25TH STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS F. LEAL	
STREET ADDRESS	3170 SW 8 STREET, LOT K1015	
CITY-ST-ZIP	MIAMI, FLORIDA 33135	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIO C. GONZALEZ	
STREET ADDRESS	16760 SW 36 COURT, MIRAMAR, FL	
CITY-ST-ZIP	33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 addendum, with all other like empowered.

SIGNATURE: LUIS F. LEAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-2001 & 305-6334035
Date Daytime Phone #

CR2E034 (10/00)