

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90294 021 ***150.00

0288744

DOCUMENT # P99000082817

1. Entity Name

MMS SHIPMANAGEMENT INC.

Principal Place of Business

Mailing Address

2001 PALM BCH LAKES BLVD.. SUITE 200
W. PALM BCH FL 33409

2001 PALM BCH LAKES BLVD.. SUITE 200
W. PALM BCH FL 33409

300MM

300MM

2. Principal Place of Business

#300
2001 PALM BCH LAKES MM

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300MM

City & State

W. PALM BEACH, FL

City & State

Zip

33409

Country

PALM BEACH

Zip

Country

4. FEI Number

65-0947631

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

HOWLAND, EDWARD M
4770 BISCAYNE BLVD., PHA
MIAMI FL 33137

Name PETER V LEEUWEN

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

2001 PALM BEACH LAKES (BLVD) #300MM

City

WEST PALM BEACH

FL

Zip Code

33409

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

Peter van Leeuwen

2.21.01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LEEUWEN, PETER V	
STREET ADDRESS	13490 N. UMBERLNAD CIR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TM	<input type="checkbox"/> Delete
NAME	RELF, TAIN	
STREET ADDRESS	880 LEMONGRASS LN	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	OM	<input type="checkbox"/> Delete
NAME	FISKEN, PETER	
STREET ADDRESS	959 GERANIUM PL	
CITY-ST-ZIP	WELLINGTON FL 33414	
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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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 address, with all other like empowered.

SIGNATURE

Peter van Leeuwen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.21.01

Date

561.688 2600

Daytime Phone #

CR2E034 (10/00)