

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092801

1. Entity Name

ISLAND CARRIERS, INC.

FILED

Jun 09, 2000 8:00 am  
Secretary of State

06-09-2000 90033 015 \*\*\*158.75

Principal Place of Business

73 N.W. 166TH ST.  
MIAMI FL 33169

Mailing Address

73 N.W. 166TH ST.  
MIAMI FL 33169-8013

2. Principal Place of Business

17800 NE 8TH AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FL.

City & State

Zip

33162

Country

DADE

Country

4. FEI Number

65-0956981

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

MUTHRA, ANTHONY  
73 N.W. 166TH ST.  
MIAMI FL 33169

Name

CLIVE HEMMINGES

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

17800 NE 8TH AVENUE

City

N. MIAMI BEACH

FL

Zip Code

33162

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUTHRA, ANTHONY	
STREET ADDRESS	1030 N.E. 176TH ST.	
CITY-ST-ZIP	N. MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEMMINGS, CLIVE	
STREET ADDRESS	17800 N.E. 8TH AVE.	
CITY-ST-ZIP	N. MIAMI FL 33169	
TITLE	Raymon	<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"/> 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
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 checked="" type="checkbox"/> Addition
NAME	RAYMOND HEMMINGES	
STREET ADDRESS	17800 NE 8TH AVE	
CITY-ST-ZIP	N. MIAMI FL 33169	
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 address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E031 (9/95)