

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90005 022 ***150.00

DOCUMENT # S51653

1. Entity Name:
SHIPPING WORLD, INC.

Principal Place of Business
% MELANIE SPIVEY
110 NORTH BUMBY AVE.
ORLANDO FL 32803

Mailing Address
% MELANIE SPIVEY
110 NORTH BUMBY AVE.
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

117 VARIETY TREE CIR
ALTAMONTE SPRINGS, FL
32714 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3062540**

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

SPIVEY, MELANIE
1535 KATHRYN DR
LONGWOOD FL 32750

Name
MELANIE D. SPIVEY
 Street Address (P.O. Box Number is Not Acceptable)
117 VARIETY TREE CIR
 City
ALTAMONTE SPRINGS FL Zip Code
32714

8. The above named entity certifies this statement for the purpose of changing its business office, or registered agent, or both, in the State of Florida.

SIGNATURE *Melanie D. Spivey-Monzadeh*
 Signature, typed or printed name of registered agent and title if applicable

(NOT 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** ☐ Delete
 NAME **SPIVEY, MELANIE**
 STREET ADDRESS **1535 KATHRYN DR**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **P-VP** ☐ Change ☐ Addition
 NAME **Dir**
 STREET ADDRESS **Melanie D. Spivey-Monzadeh**
 CITY-ST-ZIP **117 VARIETY TREE CIR**
ALTAMONTE SPRINGS FL 32714

TITLE **VP** ☒ Delete
 NAME **MOINZADEH, MICHAEL**
 STREET ADDRESS **1535 KATHRYN DR**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **Delete**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Melanie D. Spivey-Monzadeh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Melanie D. Spivey-Monzadeh
1-847-898-8190

CR2E034 (10/00)