

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90280 033 \*\*\*150.00

DOCUMENT # S60034

1. Entity Name

S.N. SHIP AGENCY SERVICES, INC.

Principal Place of Business

2170 SE 17TH STREET  
303  
FT. LAUDERDALE FL 33316  
US

Mailing Address

2170 SE 17TH STREET  
303  
FT. LAUDERDALE FL 33316  
US

2. Principal Place of Business

2101 S. ANDREWS AVE

3. Mailing Address

2101 S. ANDREWS AVE

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33316

Country

USA

Zip

33316

Country

USA

4. FEI Number

65-0273080

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

NEIMARK, CORT A.  
210 UNIVERSITY DR.  
SUITE 800  
CORAL SPRINGS FL 33071

Name

WILLIAM A. PARADY

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

307 S.E. 14TH STREET

City

FT. LAUDERDALE

FL

Zip Code

33316

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]*

WILLIAM A. PARADY

1/17/01

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 ☐ Delete  
NAME P  
STREET ADDRESS NOCHELLA, JOSEPH G  
CITY-ST-ZIP 2170 SE 17TH STREET 303  
FORT LAUDERDALE FL

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS JOSEPH G. NOCHELLA  
CITY-ST-ZIP 2101 S. ANDREWS AVE #104  
FT. LAUDERDALE, FL 33316

TITLE ☐ Delete  
NAME DTS  
STREET ADDRESS NOCHELLA, CATHERINE C  
CITY-ST-ZIP 2170 SE 17TH ST #303  
FORT LAUDERDALE FL 33316

TITLE ☒ Change ☐ Addition  
NAME DTS  
STREET ADDRESS CATHERINE C. NOCHELLA  
CITY-ST-ZIP 2101 S. ANDREWS AVE. #104  
FT. LAUDERDALE, FL 33316

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph G. Noche/11A

Date

1/16/01

Daytime Phone #

924-766-7880

CR2E034 (10/00)