

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V07507

1. Entity Name

JONKER NAVIGATION CORP. (USA), INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90037 027 \*\*\*150.00

Principal Place of Business

7600 RED ROAD  
#102  
SOUTH MIAMI FL 33143  
US

Mailing Address

2222 PONCE DE LEON BLVD  
PENTHOUSE SUITE  
CORAL GABLES FL 33134-5030  
US

2. Principal Place of Business

7600 RED ROAD  
Suite, Apt. #, etc.

SUITE 102

City & State

SOUTH MIAMI, FLORIDA

Zip  
33143

Country

3. Mailing Address

2222 PONCE DE LEON BLVD

Suite, Apt. #, etc.

PENTHOUSE SUITE

City & State

CORAL GABLES, FL

Zip  
33134

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0325944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHREIBER, GERHARDT A.  
2222 PONCE DE LEON BLVD  
PENTHOUSE SUITE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE PS ☐ Delete  
NAME VIDAL, JOSEFINA Y.  
STREET ADDRESS 16 WEST SUNRISE AVE  
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE VT ☐ Delete  
NAME VIDAL, JOSEPH  
STREET ADDRESS 16 WEST SUNRISE AVE.  
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE AS ☐ Delete  
NAME VIDAL, VANESSA R.  
STREET ADDRESS 16 WEST SUNRISE AVE  
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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

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:

**BE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

UNIFORM BUSINESS REPORT