

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V43617

1. Entity Name

SAFE OCEAN FORWARDERS, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90057 015 \*\*\*150.00

Principal Place of Business

8850 NW 24 TERRACE  
 MIAMI FL 33172  
 US

Mailing Address

8850 NW 24 TERRACE  
 MIAMI FL 33172-2418  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0352748

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name MARIA GLORIA GIL

Street Address (P.O. Box Number is Not Acceptable)  
 8850 NW 24<sup>th</sup> TERRACE

City MIAMI

FL

Zip Code 33172

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 *Maria G. Gil*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/00

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 ~~DP~~ ☐ Delete  
 NAME GIL, GLORIA  
 STREET ADDRESS 8850 NW 24 TERRACE  
 CITY-ST-ZIP MIAMI FL

TITLE DP ☒ Change ☐ Addition  
 NAME GIL, GLORIA  
 STREET ADDRESS 8850 NW 24<sup>th</sup> TERRACE  
 CITY-ST-ZIP MIAMI, FL

TITLE DVS ☐ Delete  
 NAME GIL, BENJAMIN  
 STREET ADDRESS 8850 NW 24 TERRACE  
 CITY-ST-ZIP MIAMI FL

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

TITLE ~~T~~ ☒ Delete  
 NAME ~~GIL, BENJAMIN~~  
 STREET ADDRESS ~~8850 NW 24 TERRACE~~  
 CITY-ST-ZIP ~~MIAMI FL~~

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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: *Maria G. Gil*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

Daytime Phone #

CR2E034 (9/99)