## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| DOC   | JMENT # L15708  | 33 REFUR  | (0  | DK)   | FLED   |  |
|---|---|---|---|---|--|--|
| 1. Entity Name Seaboard Warehouse Terminals of Ft. Lauderdale, Inc.  DO NOT WRITE IN THIS SPACE |   |   |   | 03 JAN 15 AM II: 28  SECRETARY OF STATE TALLAHASSITE, FLORIDA |  |  |
|   |   |   |   |   |  | 2. Principal Place of Business<br>3455 NW 54th Street<br>Suite, Apt. #, etc.               |
| City & State<br>Miami, FL   |   | City & State<br>Miami, FL   |   | 4. FEI Number<br>650143195                                    | Applied For  |  |
| Zip<br><b>33142</b>   | Country Zip USA 33142   |   | Coun  |   | 5. Certificate of Status Desired S8.75 Additional Fee Required   |  |
| DO NOT WRITE<br>IN THIS SPACE   |   |   | Section 600 0000-                                   |   | 7. Name and Address of Current Registered Agent W Blank P.O. Box Number is Not Acceptable) 4th Street                                |  |
| SIGNATURE   | Signatu ം, typed or printed пap.e.ந registered agent and ti   | tle if applicable. (NOTE:   | Registered  | i Agent signature required v                                  |  | FL Zip Code<br>33142   |
| Tax filing  | oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)   | January 1 - Ma<br>After May 1<br>Amended<br>Make Check Payabi<br>ECTORS | , Fee is<br>UBR is                                  | \$ \$550.00<br>\$ \$61.25                                     | <b>10.</b> Election Campaign Financing<br>Trust Fund Contribution.   | \$5.00 May Be Added to Fees  |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP   | D/P 5/T<br>Andrew Blank<br>3455 NW 54th Street, Miami, FL 33142   |   | <b>B</b>  | T ADDRESS<br>ST-71P   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>Mark Blank<br>9350 S. Dixie Hwy, Suite 900, Miami, FL 33156  |   | TITLE<br>NAME<br>STREE<br>CHY+S                     | T ADDRESS<br>ST. ZIP  | 90001018<br>01/15/0301064(   | 2199<br>08 **!50.00  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Tony Blank<br>9350 S. Dixie Hwy, Suite 900, Miami, FL 33156  |   |   | AODRESS<br>II- Zip  | DO NOT WE  | RITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   | TITLE<br>NAME<br>STREET<br>CRY-S                    | ADDRESS<br>T- DP  | IN THIS SPA  | ACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                     |   |   | TITLE<br>NAME<br>STREET<br>CITY-SI<br>TITLE<br>NAME | ADDRESS<br>1-21P<br>ADDRESS                                   |  |  |
| OF THE COLD   | ertify that the information supplied with this fi<br>on this report or supplemental report is trib<br>oration or the receiver or trustee empowers<br>t with an address, with all other like eppower |   | e exemp   | otion stated in Section                                       | on 119.07(3)(i), Florida Statutes. I further<br>ne legal effect as if made under oath; tha<br>Florida Statutes; and that my name app | certify that the information<br>t I am an officer or director<br>ears in Block 11 or on an |

Andrew Blank

NING OFFICER OR DIRECTOR

21/16

(305) 633-8587

Daylime Phone #

1/08/03

Date