CR2E034 (9/01)

FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 25, 2002 8:00 am \( \frac{\xi}{2} \) P00000065416 Secretary of State DOCUMENT # 1. Entity Name 03-25-2002 90066 022 \*\*\*150.00 INTERNATIONAL PORT SERVICES, INC. Principal Place of Business Mailing Address 701 BRICKELL AVENUE 701 BRICKELL AVENUE SUITE 3000 SUITE 3000 MIAMI FL 33131 **MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 52-2260857 Not Applicable Country Zip Country -Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE **SUITE 3000** MIAMI FL 33131 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 Addition ☐ Change TITLE ☐ Delete TITLE Hagen, Steven H. SZALAY, ESTEBAN A NAME NAME 701 BRICKELL AVE STE 3000 701 Brickell Ave., Ste 3000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP Miami, Fl 33131 TITLE ☐ Delete Change ☐ Addition NAME **BOCCARDO, FEDERICO A** NAME 701 BRICKELL AVENUE STE 3000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition GONZALEZ. DE SZALAY N NAME NAME 701 BRICKELL AVENUE STE 3000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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