

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91150 049 ***150.00

DOCUMENT # *P02000091875*

1. Entity Name

SOL CHARTERING USA, INC.

DO NOT WRITE IN THIS SPACE

90127151

2. Principal Place of Business

2019 SW 20th Street

Suite, Apt. #, etc.

Ste 210

City & State

Ft. Lauderdale, FL

Zip

33315

Country

USA

3. Mailing Address

2019 SW 20th Street

Suite, Apt. #, etc.

Ste 210

City & State

Ft. Lauderdale, FL

Zip

33315

Country

USA

4. FEI Number

22-3865767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *PD*
NAME *BEHRENS, FRANK*
STREET ADDRESS *2019 SW 20th Street, Ste 210*
CITY - ST - ZIP *Ft. Lauderdale, FL 33315*

TITLE *TD*
NAME *KOULHOF, KEES*
STREET ADDRESS *2019 SW 20th Street, Ste 210*
CITY - ST - ZIP *Ft. Lauderdale, FL 33315*

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *K Koulhof*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

30-04-03

Daytime Phone #