## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P30211 1. Entity Name NETWORK SHIPPING LTD., INC. 03-05-2001 90309 008 \*\*\*150.00 Mailing Address Principal Place of Business 800 DOUGLAS ENTRANCE 800 DOUGLAS ENTRANCE CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 65-0204942 Not Applicable Zip Country Country \$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 Name C T CORPORATION SYSTEM Street-Address (P.O.-Box Number is Not-Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Change ☐ Addition ☐ Delete TITI E TITLE ABU-GHAZALEH, MOHAMMAD NAME NAME STREET ADDRESS STREET ADDRESS 800 DOUGLAS ENTRANCE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL TITLE Change ☐ Addition DP ☐ Delete TITLE EL-NAFFY, HANI NAME NAME STREET ADDRESS STREET ADDRESS 800 DOUGLAS ENTRANCE CITY-ST-ZIP CHY-ST-7IP CORAL GABLES FL Change ☐ Addition ☐ Delete TITLE cottingham Dudley 16 Par La Ville Rd. COTTINGHAM, DUDLEY NAME NAME STREET ADDRESS STREET ADDRESS 16 PAR LA VILLE RD Hamilton HM BERMUDA CITY-ST-ZIP CITY-ST-ZIP HAMILTON HM BER-MUDA ☐ Change ☐ Addition TITLE D۷ ☐ Delete TITLE MANCILLA ESTAY, SERGIO A NAME NAME STREET ADDRESS STREET ADDRESS **800 DOUGLAS ENTRANCE** CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** VP/AS Change ☐ Addition **VPS** ☐ Delete TITLE TITLE PINTER, Zoltan 800 Douglas Entrance - Nth Tower, 2F ZOLTAN, PINTER NAME NAME STREET ADDRESS STREET ADDRESS 800 DOUGLAS ENTRANCE - NORTH TOWER, 12F Coral Gables, FL 33134 CITY-ST-7IP CITY-ST-ZIP **CORAL GABLES FL 33134** Change ☐ Addition TITLE ☐ Delete TITLE NAME THOMPSON, PETER NAME STREET ADDRESS STREET ADDRESS 800 DOUGLAS RD., N TOWER, 12TH FL CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134

13. I hereby certify that the information supplied with this filling 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 path; that I am an officer or director of the corporation or the receive or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ress, with all other like empowered.

SIGNATURÉ

22 Feb 200/ 305 520.8056

**FILED**