FILED

## 2002 Uniform Business Report (UBR)

SIGNATURE

## Apr 17, 2002 8:00 am Secretary of State DOCUMENT # 1. Entity Name 04-17-2002 90125 023 \*\*\*150 NETWORK SHIPPING LTD., INC. Principal Place of Business Mailing Address **800 DOUGLAS ENTRANCE 800 DOUGLAS ENTRANCE** CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0204942 Not Applicable Zip Country Zip 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 C'T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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, 2002 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 11. OFFICERS AND DIRECTORS 12. V/CFO/D X Addition Change ☐ Delete TITLE TITLE Inserra, John F. NAME NAME ABU-GHAZALEH, MOHAMMAD STREET ADDRESS STREET ADDRESS 800 Douglas Entrance 800 DOUGLAS ENTRANCE CITY-ST-ZIP Coral Gables FL 33134 CITY-ST-ZIP CORAL GABLES FL Addition Delete TITI F Change TITLE Corredera, Donnalee E. NAME NAME EL-NAFFY, HANI 800 Douglas Entrance STREET ADDRESS STREET ADDRESS **800 DOUGLAS ENTRANCE** Coral Gables, FL CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME COTTINGHAM, DUDLEY. STREET ADDRESS STREET ADDRESS 16 PAR LA VILLE RD CITY-ST-7IP CITY-ST-7IP HAMILTON HM BER-MUDA Change Addition ☐ Delete TITLE TITLE ΠV NAME NAME MANCILLA ESTAY, SERGIO A STREET ADDRESS STREET ADDRESS **800 DOUGLAS ENTRANCE** CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL ☐ Addition Change TITLE ☐ Delete TITLE **VPAS** NAME NAME **ZOLTAN, PINTER** STREET ADDRESS STREET ADDRESS 800 DOUGLAS ENTRANCE - NORTH TOWER, 12F CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33134** ☐ Delete TITLE ☐ Change Addition NAME NAME THOMPSON, PETER 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 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

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR