2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2000 8:00 am Secretary of State DOCUMENT # **P95000017280** LAUDERDALE TANKERS, CORP. 02-05-2000 90043 020 ***150.00 Principal Place of Business Mailing Address 2400 E COMMERCIAL BLVD. 830 2400 E COMMERCIAL BLVD. 830 FT LAUDERDALE FL 33308-4033 FT LAUDERDALE FL 33308 710281 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0561287 Not Applied Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STIGLICH, RODOLFO Street Address (P.O. Box Number is Not Acceptable) 2825 NE 38TH ST FT LAUDERDALE FL 33308 Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing-After MAY 1, 2000 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 12. 11. ☐ Change Addition Delete TITLE TITLE STIGLICH, RODOLFO NAME STREET ADDRESS STREET ADDRESS 2825 NE 38TH ST CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Change X Addition THOMAS E. BARNARD ☐ Delete TITLE TITLE NAME NAME 1741 N.W. 127th. Way "EAGLE TRACE" STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS. CITY-ST-ZIP Addition ☐ Change ☐ 'Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ 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 of the corporation or the receiver or trus changed, or on an attachment with an ress, with all other like empowered.

RODOLFO STIGLICH, DIRECTOR