## 016116

FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P96000092972 1. Entity Name SHIPTECH INC. 04-11-2001 90133 047 \*\*\*158.75 Principal Place of Business Mailing Address 3251 PONCE DE LEON BLVD. 3251 PONCE DE LEON BLVD. CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0318863 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCALPIN, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 80 S.W. 8TH STREET **SUITE 2805** MIAM) FL 33130 City Zip Code 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Change ☐ Addition Delete TITLE HOSKINSON, LEONARD J NAME NAME 3251 PONCE DE LEON BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete Change TITI F ☐ Addition TITLE MENENDEZ ROSS, RICARDO NAME NAME STREET ADDRESS STREET ADDRESS 27 LEADENHALL ST. CITY-ST-ZIP LONDON, ENGLAND EC3A 1AA CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITI F ☐ Change MENENDEZ ROSS, FELIPE NAME NAME STREET ADDRESS 27-LEADENHALL ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONDON, ENGLAND EC3A 1AA TITLE ☐ Delete TITLE ☐ Change ■ Addition KURUP, AJIT NAME NAME STREET ADDRESS 3251 PONCE DE LEON BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** TITLE ☐ Delete Change ■ Addition TITLE ARTHUR, JOHN NAME NAME STREET ADDRESS 3251 PONCE DE LEON BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL 33134 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 address with all other-like empowered.