

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000036767

FILED  
Mar 21, 2002 8:00 AM  
Secretary of State

Entity Name: SOUTHERN STAR SHIPPING, INC.

## Current Principal Place of Business:

8362 PINES BLVD  
#120  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

8362 PINES BLVD  
#120  
PEMBROKE PINES, FL 33024

## New Mailing Address:

FEI Number: 65-0796088      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHANDLER, JAMES D  
8362 PINES BLVD  
#120  
PEMBROKE PINES, FL 33024

## Name and Address of New Registered Agent:

SAEZ, JOVANNI  
8362 PINES BLVD  
#120  
PEMBROKE PINES, FL 33024

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: JOVANNI SAEZ

03/21/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: CHANDLER, JAMES D  
Address: 8362 PINES BLVD., #120  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPD ( ) Delete  
Name: LINCOLN, PATRICIA  
Address: 8362 PINES BLVD., #120  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: STD ( ) Delete  
Name: WILLIAMS, DIANE  
Address: 8362 PINES BLVD., #120  
City-St-Zip: PEMBROKE PINES, FL 33024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition  
Name: SAEZ, JOVANNI  
Address: 8362 PINES BLVD., #120  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOVANNI SAEZ

PD

03/21/2002

Electronic Signature of Signing Officer or Director

Date