2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 357074 1. Entity Name PAKHOED DRY BULK TERMINALS, INC PORT MANATEE						FILED May 16, 2000 8:00 am Secretary of State 05-16-2000 90168 017 ***150.00				
Principal Place of Business Mailing Address							05-16-2000	90168 01	/ ***150	.00
2000 WEST LO	op South, Suite 2200 77027	2000 WEST LOOP SOUTH. SUITE 2200 HOUSTON TX 77027-3511								
2. Principal P	lace of Business	3. Mailing Address				DO NOT WRITE IN THIS SPACE				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.								
City & State	e	City & State			<b>4.</b> f	El Number	59-128424	1		plied For
Zip Country		Zip	try	5. (	5 Certificate of Status Desired Status Desired \$8.75 Additiona					
	6. Name and Address of Current Re	gistered Agent			7. M	lame and A	ddress of New F		ee Require gent	d
				Name	3					
1200	Corporation system ) S. Pine Island Road NTATION FL 33324			Street Ao	Street Address (P.O. Box Number is Not Acceptable)					
			City					FL	Zip Cod	e
SIGNATURE	named entity submits this statement for the Signature, typed or printed name of registered agent and				e required when re		in the State of Fl	DATE		<u> </u>
9. This corpo Tax filing n (See criter	FILE NOW After MAY 1, 20	FILE NOW !!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 (ce Check Payable to Department of Sta			1	ion Campaign Fil Fund Contributio			<b>O</b> May Be to Fees	
11	OFFICERS AND DI		12.		AD	DITIONS/CI	HANGES TO OFF			~ <u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP WANSIK, R. 2000 W LOOP SOUTH #2200 HOUSTON TX	Delete			2000	uijn, H West Lo on <u>, Tex</u>	oop South		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANSON, G. 2000 W LOOP SOUTH #2200 HOUSTON TX	Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Williams, M. 4942 Port Sutton Road Tampa Fl	Deiete		1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WARREN, J. 2000 W LOOP SOUTH #2200 HOUSTON TX	Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC SIMPSON, D 2000 W. LOOP S. #2200 HOUSTON TX 77027	Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete							Change	Addition
13. I hereby c indicated of the cor	certify that the information supplied with th on this report or supplemental report is tr poration or the receiver or trustee empow or on an attachment with an address, with URE:	ue and accurate and that r ered to execute this report h all other like empowered.	r the exer ny signat as requir	nption state ure shall ha ed by Char	ve the same I	egal effect a da Statutes;	is if made under	oath; that I an e appears in <u>713–</u>	h an officer	or director Block 12 if