2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # 639075 Feb 28, 2000 8:00 am Secretary of State DIXIE MARINE, INC. 02-28-2000 90021 042 ***150.00 Principal Place of Business Mailing Address 21500 S. DIXIE HIGHWAY 21500 S. DIXIE HIGHWAY MIAMI FL 33189-2733 MIAMI FL 33189-2733 (1005H 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1954374 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VLAD, JOHN C Street Address (P.O. Box Number is Not Acceptable) 21500 S. DIXIE HIGHWAY MIAMI FL 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 DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PD Change ☐ Delete TITLE TITLE VLAD, JOHN C NAME NAME STREET ADDRESS 21500 S. DIXIE HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE VLAD, LINDA NAME NAME STREET ADDRESS 21500 S. DIXIE HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 principles and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director or director or director of the control of the contr indicated on this report or sapple of the corporation or the received changed, or on an attac, ke empowered.

2-16-00

Daytime Phone #