2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am DOCUMENT # 640042 WORLD WIDE SHIPS SERVICES, INC. **Secretary of State** 03-15-2000 90026 015 \*\*\*150.00 7605 Corporate Center Drive Principal Place of Business 7665 Corporate Center Drive Miami, Florida 33126 Miami, Florida 33126 C0037436 Attn: Robert M. Kritzman 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 59-1986162 Applied For Not Applicable Zip Country 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 Curtis J. Mase, Esq. Mase & Gassenheimer Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Bay Office Tower 1001 S. Brickell Bay Drive City Zip Code Miami, Florida 33131 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. True , and Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ALILITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <u>11.</u> PD ☐ Delete Addition TITLE VEITCH, COLIN AUNE, CEIR NAME NAME 7665 CORPORATE CENTER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP DVST TITLE De'ete TITLE Addition COOLER, LAMARR NAME NAME STREET ADDRESS STREET ADDRESS 7665 CORPORATE CENTER DRIVE CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI, FL 33126</u> TITLE ☐ De ete TITLE ☐ Change ☐ Addition DVS NAME NAME KRITZMAN, ROBERT M. STREET ADDRESS STREET ADDRESS 7665 CORPORATE CENTER DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI. FL 33126-TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIE CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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, Hurther 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 ap address, with all the removered. (305) 436 4651 ROBERT M. KRITZMAN SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #