

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90025 042 \*\*\*158.75

**DOCUMENT # F94000002308**

1. Entity Name

**SOUTHERN SHIP MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

7077 W. BROWARD BLVD.  
PLANTATION FL 33317  
US7077 W. BROWARD BLVD.  
PLANTATION FL 33133-5232  
US

953401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3250 MARY STREET**

Suite, Apt. #, etc.

**SUITE # 304**

3. Mailing Address

**3250 MARY STREET**

Suite, Apt. #, etc.

**SUITE # 304**

City &amp; State

**Coconut Grove, FL**

Zip

**33133**

Country

**USA**

City &amp; State

**Coconut Grove, FL**

Zip

**33133**

Country

**USA**

4. FEI Number

**65-0482627**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCALPIN & BRAIS, P.A.**  
**80 S.W. 8TH STREET., STE 2805**  
**MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>BALLINGER, LESLIE</b> <b>1166 SW 149TH LANE</b> <b>SUNRISE FL 33326</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DAMLEY, ABHAY M</b> <b>2715 TIGERTAIL AVE., #401</b> <b>COCONUT GROVE FL 33133</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHANSEN, EVEN</b> <b>66 GATE HOUSE ROAD</b> <b>STAMFORD CT 06902</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

**ABHAY M. DAMLEY** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/29/00**

Date

**305.444.8282**

Daytime Phone #