2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # F9500000405 GLOBAL SHIPPING AGENCIES, INC. 04-28-2001 90039 050 ***150.00 Principal Place of Business Mailing Address 4758 W COMMERICAL BLVD 4758 W COMMERICAL BLVD FT LAUDERDALE FL 33319 FT LAUDERDALE FL 33319 US US 751914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0573209 Not Applicable Zip Country Zip 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 PETERSON, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 4758 W COMMERICAL BLVD FT LAUDERDALE FL 33319 City 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, 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PDS** ■ Addition TITLE VMD TITLE Delete HERRING, DAVID B NAME NAME STREET ADDRESS STREET ADDRESS 4758 W COMMERICAL BLVD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33319 STM D **X** Change TITLE VTD ☐ Delete TITLE ☐ Addition PETERSON, ROBERT J NAME NAME STREET ADDRESS STREET ADDRESS 4758 W COMMERICAL BLVD CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33319 Change X Addition TITLE ☐ Delete TITLE michael J Kramer NAME NAME 4758 W commercial Blvd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ft Las derdale FL ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE. MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 adoffest, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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954-497-4063

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