2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000000847

Entity Name: SERRA SHIPPING, INC.

GIOLA, SANDRA

8201 GAYLORD RD

RICHMOND, VA 23229

Name:

Address: City-St-Zip: FILED Feb 05, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8437 NW 72ND ST MIAMI, FL 33166 **Current Mailing Address: New Mailing Address:** 8437 NW 72ND ST MIAMI, FL 33166 FEI Number: 13-2972642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN RD ORLANDO, FL 32802 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete () Change () Addition GIOLA, ROBERT P Name: Name: 1700 LOGWOOD CIRCLE Address: Address: City-St-Zip: RICHMOND, VA 23233 City-St-Zip: PD Title: Title: (X) Delete () Change () Addition Name: MAGARELLI, COSMO Name: 8 MORNING GLORY CT Address: Address: PRINCETON, NJ 08540 City-St-Zip: City-St-Zip: Title: Title: VD () Delete PD (X) Change () Addition GIOLA, JEANETTE GIOIA, JEANETTE Name: Name: 2 CRESTVIEW TERR 2 CRESTVIEW TERRACE Address: Address: City-St-Zip: MORRIS TOWNSHIP, NJ 07960 City-St-Zip: MORRIS TOWNSHIP, NJ 07960 Title: () Delete Title: () Change () Addition JOHNSON, MARSHALL Name: Name: Address: 576 SUSSEX AVE Address: City-St-Zip: MORRIS TOWNSHIP, NJ 07960 City-St-Zip: Title: Title: () Delete (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

GIOIA, SANDRA

8201 GAYLORD RD

RICHMOND, VA 23229

SIGNATURE: MARSHALL JOHNSON T 02/05/2002