2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # **G62677** 1. Entity Name CARIBBEAN TERMINALS, INC. 05-17-2000 90854 018 ***150.00 Mailing Address Principal Place of Business C/O JORDAN MONOCANDILOS C/O JORDAN MONOCANDILOS 3201 NW 24TH ST RD 3201 NW 24TH ST RD MIAMI FL 33142-6913 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2326475 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MONOCANDILOS, JORDAN Street Address (P.O. Box Number is Not Acceptable) 3201 NW 24TH ST RD MIAMI FL 33142 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete MONCANDILOS, JORDAN NAME NAME 3201 NW 24TH ST RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE TITLE ☐ Delete MONOCANDILOS, THEODORA NAME NAME STREET ADDRESS 3201 NW 24TH ST RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 00000 ☐ Addition ☐ Delete Change TITLE TITLE DIAZ, LILIA A NAME NAME STREET ADDRESS 3201 NW 24TH ST RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI, FL 00000** ☐ Change ☐ Addition ☐ Delete TITLE ISERN, JORGE E NAME NAME STREET ADDRESS 3201 NW 24TH ST RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 00000 ☐ Addition ☐ Delete TITLE Change TITLE LAMBRAKOPOULOS, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 3201 NW 24TH ST RD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change ☐ Defete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 eath; 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 gent with an address, with all other like empowered. changed, or on an attac