

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90048 042 \*\*\*150.00

**DOCUMENT # L00000012968**

1. Entity Name

**CUBAN AMERICAN BARGE LINE, LLC**



Principal Place of Business

**730 STERLING AVE S  
SUITE 305  
TAMPA FL 33609  
US**

Mailing Address

**730 STERLING AVE S  
SUITE 305  
TAMPA FL 33609  
US**

2. Principal Place of Business

**3670 S. WESTSHORE BLVD.**

3. Mailing Address

**3670 S. WESTSHORE BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA, FLORIDA**

City & State

**TAMPA, FLORIDA**

Zip

**33629**

Country

**U.S.A.**

Zip

**33629**

Country

**U.S.A.**

4. FEI Number

**59-3678321**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VON SPIEGELFELD, ALLEN  
501 E. KENNEDY BLVD., STE. 1700  
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **DANN, RODNEY H JR.**  
STREET ADDRESS **730 STERLING AVE S SUITE 305**  
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☒ Change ☐ Addition  
NAME **DANN, RODNEY H JR**  
STREET ADDRESS **3670 S. WESTSHORE BLVD.**  
CITY-ST-ZIP **TAMPA, FLORIDA 33629**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Rodney H. Dann* **REQUIRED**

**2/18/03**

**(813) 251 5100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)