

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90206 030 \*\*\*\*50.00

**DOCUMENT # L01000007444**

1. Entity Name

**SHIPGATE, L.L.C.**

Principal Place of Business

15065 N.W. 7TH AVE.  
 MIAMI FL 33168

Mailing Address

15065 N.W. 7TH AVE.  
 MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1112476**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**HART, BRIAN A**  
**SUNTRUST INTERNATIONAL CENTER 17TH FLOOR**  
**ONE SOUTHEAST THIRD AVE.**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Brian A. Hart**

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

**912 Adorno & Zeder**

**2601 S. Bayshore Dr. #1600**

City **Miami**

**FL**

Zip Code  
**33133**

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]*

**(Elias Giannakopoulos)**

**3/28/02**

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 Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **President/Director**  
 NAME **Elias Giannakopoulos**  
 STREET ADDRESS **15065 NW 7th Ave**  
 CITY-ST-ZIP **Miami, FL 33168**

☐ Delete

TITLE  
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10. ADDITIONS/CHANGES

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

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: *[Signature]*

**SIGNATURE REQUIRED (Elias Giannakopoulos)**

**3/28/02**

**681-7447**

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

Date

Daytime Phone #

CR2E083 (9/01)