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2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # M25364** 1. Entity Name MARINE CARGO MANAGEMENT, INC. 03-20-2000 90146 026 ***150.00 Mailing Address Principal Place of Business 9900 NW 25TH ST. 9900 NW 25TH ST. MIAMI FL 33316-5525 MIAMI FL 33172-2224 h Z (U () 2. Principal Place of Busines 151 983576 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2749101 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHESTER, BRITT K Street Address (P.O. Box Number is Not Acceptable) - 9900 NW 25TH STREET -MIAMI FL 33172~ PORT Everglades 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 TAC 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition PTD TITLE ☐ Delete TITLE CHESTER, JEREMY 2051 SE 35+h GARGOT-POBOX 165525 PT. EVERGIADES, FT. LOWIELDDIE, FL 33316 -6525 NAME NAME STREET ADDRESS 9900 NW 25 ST: STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAMI FL -Change SD TITLE TITLE ☐ Delete 2051 SE 35th STEED - PO BOX 165525 CHESTER, BRITT NAME 9900 NW 25 ST. STREET ADDRESS STREET ADDRESS 07. EUDRGLADOG, FT. LAUDORDAK, FL 33316555 CITY-ST-ZIP CITY-ST-7IP MIAMI FL-☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 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 address, with all other like empowered.

SIGNATURE: