2002 UNIFORM BUSINESS REPORT (UBR)

May 21, 2002 8:00 am Secretary of State P00000052394 DOCUMENT # CARGO & MARINE SERVICES INC. 05-21-2002 91158 032 ***150 00 Mailing Address Principal Place of Business 7270 NW 12TH STREET 7270 NW 12TH STREET SUITE 620 SUITE 620 MIAM! FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 560 Applied For 4. FEI Number City & State City & State 65-1019124 Not Applicable LORIDA MM = MM\$8.75 Additional Country 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GGAM7S4H HARTMANN, WILHELM 9365 SW 77 AVENUE **SUITE 1005 MIAMI FL 33156** City I NU A 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT TITLE Change J Defete TITLE WILLELM HERTMOND NAME FORTE, PETER 7270 NWIZ STEELT Suit 560 STREET ADDRESS 1ST SUFFOLK SQ SUITE 230 STREET ADDRESS FL. 33126 CITY-ST-ZIP HAIM ISLANDS NY 11722 CITY-ST-ZIP V. PRESIDENT Change Addition ☐ Delete TITLE TITLE KUAZZOPI ZZSAdoT NAME NAME HARTMANN, WILHELM 7270 NW 125TREET SUITE SOO STREET ADDRESS STREET ADDRESS 9365 SW 77 AVENUE SUITE 1005 CITY-ST-7IP MIANI FL . 33126 CITY-ST-ZIP **MIAMI FL 33156** ☐ Delete TITLE SECRTIARY TITLE NAME TABARES, ROSSANA NAME SUFFOLK SASUITE 230 STREET ADDRESS 8928 SW 7TH TERRACE STREET ADDRESS CITY-ST-ZIP SLAND CITY-ST-7IP MIAMI FL 33174 / Change ☐ Addition **Delete** TITLE TITLE CAMPACATO, JOHN NAME NAME STREET ADDRESS 207 HALLOCK ROAD STREET ADDRESS STONY BROOK NY 11790 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 supplied actal 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 thistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26,2002

786331807

Daytime Phone #

FILED