FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

SIGNATURE:

all other like empowered

MINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27, 2002 8:00 am Secretary of State DOCUMENT # P01000062844 1. Entity Name 02-27-2002 90030 043 ***150.00 SEA CENTRAL SHIPPING CORP. Principal Place of Business Mailing Address 2206 E. SAXON STREET 2206 E. SAXON STREET TAMPA FL 33605 TAMPA FL 33605 3. Mailing Address 2. Principal Place of Business 2377 GUY N. Verger Blud DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For City & State 728212 ampa Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ernande FERNANDEZ, JESSICA I Street Address (P.O. Box Number is Not Acceptable) 2110 SW 3RD AVE. 1318 APT. 2F moren 18-303 **MIAMI FL 33129** 8. The above named entity submits this statement/or 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) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11" 11. TITLE CR2E034 (9/01) TITLE ☐ Delete FERNANDEZ, JESSICA I NAME 2377 GUY U. Verger Blud STREET ADDRESS 2206 E. SAXON ST STREET ADDRESS CITY-ST-ZIP AMPA FL 33605 CITY-ST-ZIP TITLE ☐ Delete TITLE M Change ☐ Addition \$arabia, Pedro J Sr., NAME 2377 Guy P. Verger Blvd. STREET ADDRESS 2206 E. SAXON ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33605 TITLE ☐ Delete TITEF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7fP 13. 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 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