APPROVED AND FILED

03 JUN 23 PM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80110708

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000028122

1. Entity Name: Caribbean Ship Management Services, Inc

DO NOT WRITE IN THIS SPACE

05/05/03 91787 043 $150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
799 Glenbridge Rd	799 Glenbridge Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Arden, N.C.	City & State: Arden, N.C.
Zip: 28704 Country: U.S.A.	Zip: 28704 Country: U.S.A.

4. FEI Number: 01-0683319 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Jose Gambetta

Street Address (P.O. Box Number is Not Acceptable): 1220 NE 207 Street

City: Miami FL Zip Code: 33179

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: Jose Gambetta DATE: 4/24/03.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Fee: January 1 - May 1, Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Jesi Gambetta
STREET ADDRESS	799 Glenbridge Rd
CITY-ST-ZIP	Arden, N.C. 28704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose Gambetta 4/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #