## 2001 UNIFORM BUSINESS REPORT (UBR)

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Jose D Rodribuez

## Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P95000005135 SOUTHERN CROSS SHIPPING, INC. 03-02-2001 90035 047 \*\*\*158.75 Principal Place of Business Mailing Address 6440 N.W. 2ND STREET 6440 N.W. 2ND STREET MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0550067 Not Applicable Zip Country Country \$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 Name RODRIGUEZ, JOSE D Street Address (P.O. Box Number is Not Acceptable) 6440 N.W. 2ND STREET MIAM! FL 33126 Zip Code FL 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition CR2E034 (10/00) ☐ Change TITLE ☐ Delete TITLE NAME RODRIGUEZ, JOSE D NAME STREET ADDRESS STREET ADDRESS 6440 N.W. 2ND STREET CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33126 Addition Change TITLE ☐ Delete TITLE VICE-PRESIDENT NAME FRANCISCA RODRIGUEZ STREET ADDRESS STREET ADDRESS 6440 NW 2 ST. CITY-ST-7IP CITY-ST-ZIP MIAMI, FLORIDA 33122 ☐ Delete TITLE Change Addition TITLE TREASURER NAME NAME JOSE M. RODRIGUEZ STREET ADDRESS STREET ADDRESS 4602 WHITE PINE LANE CITY-ST-ZIP CITY-ST-ZIP LUTZ, FLORIDA 33624 ☐ Defete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 adjurate 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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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