2001 UNIFORM BUSINESS REPORT (UBR)

Aug 16, 2001 8:00 am Secretary of State DOCUMENT # 08-16-2001 90005 047 ***150.00 Principal Place of Business 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Zip 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 Street Address (P.O. Box Number is Not Acceptable) ٤ City 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, typed or printed name of registered agent and title if 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. CR2E034 (11/00) EXEC. VICE- PRESIDENT Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Addition TITLE ☐ Delete TITLE Change NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE: AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

Date

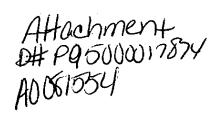
Date

Desytting Phone #

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

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

prestige shipping, inc.



July 20, 2001

FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS** P.O. BOX 6327 TALAHASSEE, FLORIDA 32314

REF: PRESTIGE SHIPPING, Inc. FEIN# 65-0561095 Report due by May 1, 2001

Dear Sir or Madam:

This is to let you know that your report due by May 1st to Prestige Shipping, Inc. has been never received. Therefore, we are requesting to abate the penalty.

Enclosed is the check for \$ 150.00 and we are sorry if it caused any inconvenience and kindly request you to consider the abatement.

Thank you.

Sincerely,

Vice President

(+509) 250-1665

(+509) 250-1668