FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91534 022 ***150.00

DOCUMENT # P95000017874

1. Entity Name

PRESTIGE SHIPPING, INC.

667529

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7870 N.W. 12TH STREET	
Suite, Apt. #, etc. # 381	Suite, Apt. #, etc.
City & State MIAMI FL	City & State
Zip 33126 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 650561095 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CASTERA, ARNOLD

Street Address (P.O. Box Number is Not Acceptable)

7870 N.W. 12H STREET # 381

City MIAMI FL Zip Code 33126

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Required when signature is not that of agent)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

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

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

11. OFFICERS AND DIRECTORS

TITLE EVP NAME CASTERA, ARNOLD STREET ADDRESS 7870 N.W. 12H STREET # 381 CITY-ST-ZIP MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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

SIGNATURE: _____ CASTERA, ARNOLD 05/01/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #