2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 10, 2000 8:00 am Secretary of State DOCUMENT # **P95000054043** 1. Entity Name BUSINESS SHIPPING WORLDWIDE, INC. 05-10-2000 90125 050 ***150.00 Mailing Address Principal Place of Business 7837 NW 72ND AVE 7837 NW 72ND AVE MIAMI FL 33166 MIAMI FL 33166-2215 HS 3. Mailing Address 2. Principal Place of Business 6955 N.W. 52 St. Same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #101 City & State City & State 4. FEI Number Applied For 65-0600543 Miami Florida Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33166 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Randolph Espina RIOS, ELSA Street Address (P.O. Box Number is Not Acceptable) 1800 W. 49TH ST, #207 6955 N.W. 52 St. # 101 HIALEAH FL 33012 Miami 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \square . Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PVP ☐ Addition Change TITLE ☐ Delete TITLE P MANGANIELLO, SANDRA NAME NAME MANGANIELLO SANDRA STREET ADDRESS 7821 NW 72 AVE STREET ADDRESS 6955 N.W. 52 St. #101 Miami FLA CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33166 Change Addition TITLE ☐ Delete VP NAME NAME RANDOLPH ESPINA STREET ADDRESS STREET ADDRESS 6955 N.W. CITY-ST-ZIP 52 St. #101 Miami_Fla CITY-ST-7IP Change Y Addition ☐ Delete ŤÍTL F TITLE NAME RANDOLPH ESPINA STREET ADDRESS STREET ADDRESS 3955 N.W. 52 St.#101 Miami Fla. CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not indicated on this report or supplemental report is true and accurate of the corporation or the receiver or truetee employered to execute.

ANDRA MANGANIELL