FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: .

Apr 18, 2002 8:00 am Secretary of State DOC-JMENT # P96000022553 1. Entity Name COASTAL TRANSPORT SERVICES, INC. 04-18-2002 90375 013 ***150.00 Mailing Address Principal Place of Business 7500 NW 82 PLACE 7500 NW 82 PLACE MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0663197 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESCRIBANO, ELVIRA A Street Address (P.O. Box Number is Not Acceptable) 7500 NW 82 PLACE **MIAMI FL 33166** Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE ANGEL J DONES NAME NAME 7500 NW 82 PLACE STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP CITY-ST-ZIP STVPD ☐ Addition ☐ Delete TITLE STVP TITLE KRISSEL, RICHARD NAME NAME STREET ADDRESS 7500 NW 82 PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME 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 ☐ Change ■ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.