2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 14, 2000 8:00 am Secretary of State DOCUMENT # P96000071437 1. Entity Name PORT SERVICES INTERNATIONAL, INC. 07-14-2000 90002 014 ***550.00 Principal Place of Business Mailing Address 10329 BUENA VENTURA DRIVE 10329 BUENA VENTURA DR **BOCA RATON FL 33498 BOCA RATON FL 33498** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0692209 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent -Name EBMEIER, EDWARD Street Address (P.O. Box Number is Not Acceptable) 10329 BUENA VENTURA DRIVE **BOCA RATON FL 33498** 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D ☐ Addition TITLE ☐ Delete CAMPBELL, PENNY E. NAME 10329 BUENA VENTURA DRIVE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** ☐ Change ☐ Addition TITLE TITLE ☐ Delete EBMEIER, EDWARD NAME NAME STREET ADDRESS 10329 BUENA VENTURA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS "STREET ADTORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITL F NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

Ellewan REELLE bneek

7/5/00 (361)470-6050