FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90370 024 ***150.00

DOCUMENT # P96000102089

1. Entity Name
CARIBBEAN AMERICAN SHIPPING CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
1801 SW 1st Avenue Suite, Act. #, etc.	1801 SW 1st Avenue Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State: Ft Lauderdale FL	City & State: Ft Lauderdale FL	4. FEI Number: 65-0762729 ☐ Applied For ☐ Not Applicable
Zip: 33315 Country: USA	Zip: 33315 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: MARCELLI, ANTONIO
Street Address (P.O. Box Number is Not Acceptable)
719 SW 16th St
City: Ft Lauderdale FL Zip Code: 33315

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: X Antonio Marcelli
Signature, name of officer or general partner of registered agent and title if applicable (NOTE: Required – Signature required when reinstating) DATE

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

P MARCELLI, ANTONIO 719 SW 16th St Ft Lauderdale, FL 33315	
VP LAROCHE, MAURICE JR 1700 NW 107th WAY PLANTATION, FL 33322	

DO NOT WRITE IN THIS SPACE

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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR