2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State
05-18-2001 91218 018 ***150.00

DOCUMENT # P96000103513

1. Entity Name: CNC SHIPPING International Inc

Principal Place of Business: 7774 NW 71 ST, Mia, FL

Mailing Address:

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7774 NW 71 ST	7774 NW 71 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami	City & State: Miami FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number: 65-0718606 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NILDA Correa
6345 SW 120 Ave

7. Name and Address of New Registered Agent

Name: Hector Correa
Street Address (P.O. Box Number is Not Acceptable): 7774 NW 71 ST
City: MIA FL Zip Code: 33166

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] [signature] DATE: 4/27/01

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 Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001, Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Nilda Correa~~ ~~7774 NW 71 ST~~ ~~MIAMI FL~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NILDA Correa PRESIDENT 7774 NW 71 ST MIAMI FL ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Hector Correa~~ ~~7774 NW 71 ST~~ ~~Miami FL~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hector Correa TREASURER 7774 NW 71 ST MIAMI, FL ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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.

SIGNATURE: [signature] Date: 4-27-01 Daytime Phone #: 305 593 0325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR