2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED May 09, 2000 8:00 am Secretary of State DOCUMENT # P9700036441 1. Entity Name TECHNICAL MARINE PLANNING (OVERSEAS), INC. 05-09-2000 90053 009 ***150.00 Mailing Address Principal Place of Business 520 BRICKELL KEY DRIVE 5101-SW-73RD-TERRACE- MIAMI PL 33143 MIAMI FL 33131-2614 HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1130 Applied For City & State City & State 4. FEI Number 65-0804601 Not Applicable mami Country Zip \$8.75 Additional 5. Certificate of Status Desired 333/ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOLK, GLENN G Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DRIVE #1606 **MIAMI FL 33131** 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Addition PD Change TITLE TITLE ☐ Delete **BULGARIDES, PETER C** NAME NAME STREET ADDRESS STREET ADDRESS 5101 SW 73RD TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** Change Addition ☐ Delete TITLE TITLE **BULGARIDES, STAVROS** NAME NAME STREET ADDRESS STREET ADDRESS 5101 SW 73 TERRACE CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33143** Addition ☐ Change TITLE ☐ Delete TITLE **BULGARIDES, CONSTANTINOS** NAME NAME STREET ADDRESS 5101 SW 73RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 TITLE □ Change Addition TITLE Delete KOLK, GLENN G NAME NAME 520 BRICKELL KEY DRIVE #1606 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Addition ☐ Change Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE 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

April 25 2000