2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 18, 2002 8:00 am Secretary of State P97000092293 DOCUMENT # 1. Entity Name 04-18-2002 90410 043 ***150.00 INTERWORLD MARITIME CORPORATION Principal Place of Business Mailing Address 13415 S.W. 110TH TERRACE 13415 S.W. 110TH TERRACE MIAMI FL 33186 MIAMI FL 33186 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 33-0147203 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent $\mathcal{D} \mathcal{E}$ WIRTH, DENNIS L Street Address (P.O. Box Number is Not Acceptable) 13415 S.W. 110TH TERRACE **MIAMI FL 33186** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax, filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE Delete TITLE ☐ Change ☐ Addition WIRTH, DENNIS D NAME NAME 13415 S.W. 110TH TERRACE STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition WIRTH, BRENT L NAME NAME 13415 S.W. 110TH TERRACE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MIAMI FL 33186 CITY-ST-7IP TITLE • Delete TITLE THE PARTY OF Change . - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Maria Andreway CITY - ST - ZIP 2.815 B. 1816 E CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition 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