## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 01, 2003 8:00 am Secretary of State P97000092293 **DOCUMENT #** 05-01-2003 90413 010 \*\*\*150.00 INTERWORLD MARITIME CORPORATION Principal Place of Business Mailing Address 13415 S.W. 110TH TERRACE -19415 S.W. 110TH TERRACE MIAMI FL- 33186 MIAMI FL 33186 SAME 2311 BRISBANE UNIT 61 FL 33763 CLEARWATER 2. Principal Place of Business 3. Mailing Address 1311 BRIGBANE TAME Suite, Apt. #, etc. Suite Apt. #. etc. ☐ CHECK HERE IF MAKING CHANGES  $\boldsymbol{v}_{\mathcal{U} iT}$ UNIT City & State 4. FEI Number Applied For City & State 33-0147203 CLEARWATER, FL 33763 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name \_ WIRTH, DENNIS L BRISBANE ST Street Address (P.O. Box Number is Not Acceptable) 19415 S.W. 110TH TERRACE MIAMI-FL 33188 CLEARWATER, FC 33763 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition TITLE Defete TITLE SHOWN wirth, Dennis D NAME NAME 13415 S.W. 110TH TERRACE-STREET ADDRESS STREET ADDRESS A BOUE MIAMI FL-00186 CITY-ST-ZIP CITY-ST-ZIP TITLE VΡ ☐ Delete Change | ☐ Addition NAME WIRTH, BRENT L NAME SHOWN 13415 S.W. 110TH TERRACE STREET ADDRESS STREET ADDRESS ABOVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 TITLE ☐ Delete Change ☐ Addition NAME NAME - - - . -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. 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 10 or Block 11 if changed, or on an attachm with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP