FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED DO PRINTED NAME OF SIGN

NG OFFICER OR DIRECTOR

May 02, 2001 8:00 am Secretary of State DOCUMENT # P98000012670 GATEWAY MARINE TERMINAL, INC. 05-02-2001 90009 011 ***150.00 Principal Place of Business Mailing Address 3301 N.W. SOUTH RIVER DR. 3301 N.W. SOUTH RIVER DR. MIAMI FL 33142 MIAM! FL 33142 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 65-0813221 Not Applicable Zip Zip Country 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 HARBHAJAN S. KAINTH KAINTH, HARBHAJAH Street Address (P.O. Box Number is Not Acceptable) 3301 NW SOUTH RIVER DRIVE 3301 NW SOUTH RIVER DR **MIAMI FL 33142** City MIAMI Zip Code 33142 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 HARBHAJAN S. KAINTH Signature, typed or printed name of registered agent and title if applicable. 4/2<u>7/01</u> (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, 2001 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. CR2E034 (10/00) TITLE TITLE ☐ Delete PRESIDENT KAINTH, HARBHAJAH NAME NAME HARBHAJAN S. KAINTH 3301 NW SOUTH RIVER DRIVE STREET ADDRESS STREET ADDRESS 3301 NW SOUTH RIVER DR. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33142 MIAMI, FL 33142 VPD Change ☐ Addition ☐ Delete TITLE TITLE KAINTH, ANN LINDA NAME NAME 9338 BENTLEY PARK CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP TITLE [Change ☐ Addition TITLÊ ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 changed, or on an attachment with an address, with all other like empowered.

4/27/01

305-635-1144