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## 2000 UNIFORM BUSINESS REPORT (UBR) FILED P9900000 8752 DOCUMENT# 00 OCT -2 PH 1:23 1. Entity Name SECRETARY OF STATE TALLATIASSES, PEORIDA 19740NW 7AUC NMBF! 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State Not Applicable Miami Durch \$8.75 Additional 5. Certificate of Status Desired Fee Required 056 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tall filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition PRESIDENT TITLE TITLE ☐ Delete 700003420737---10/10/00--01087--003 NAME NAME iren Ollivier STREET ADDRESS STREET ADDRESS 7957 \*\*\*\*150.00 \*\*\*\*150.00 CITY-ST-ZIP CITY-ST-ZIP **Z** Kodition ☐ Change Delete TITLE TITLE NAME NAME re 33/69 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME -STREET ADDRESS STREET ADDRESS TAUE 33/69 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 it 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

SIGNING OFFICER OR DIRECTOR

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

SIGNATURE:

10/4/00 305 628 2997
Date Baytime Phone #

199c 2012

## SHANTI SHIPPING INC.

1785 NW 179<sup>th</sup> Street Opa-Locka FL 33056 PH: 305 628-2997

October 5, 2000

Division of Corporations P.O. Box 6327 Tallahassee FL 32314 Attn: Mr. Tyrone

.Dear.Mr. Tyrone:

The UBR was sent to 1065 E. 21<sup>st</sup> Street, Hialeah, Florida. I was evicted from the property and I lost everything. During the months I was trying to regroup the UBR was returned to your office.

I am asking for a waver so I could stay in business.

Sincerely yours,

Oswald Ollivier General Manager