2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # Apr 13, 2000 8:00 am Secretary of State MODELLO SHIPPING COMPANY 04-13-2000 90085 036 ***150.00 Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 1323 SE THIRD AVENUE 1323 SE THIRD AVENUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FORT LAUDERDALE FORT LAUDERDALE, TL 65-0231840 Not Applicable Country 4.5. \$8,75 Additional 5. Certificate of Status Desired 33316 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOVING, JACK R. . 1323 SOUTHEAST THIRD AVENUE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33316 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete Change ☐ Addition PHIPPS, PATRICIA BURNINE NAME 1323 S.E. THIRD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORT LAUNER DALE, FZ 33314 TITLE ☐ Delete TITLE Change Change Addition BATES, BRETTE B NAME NAME 1323 S.E. THIRD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33316 TITLE ☐ Delete Change Addition LOSTEN, ZABA BUTTON NAME 1323 S.E. THIRD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDEROALE, FL 33316 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-Zip CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CIT, ST-ZIP CITY-ST-ZIP

i.s. 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Defete

IIILE

----- ADDRESS

ST-ZIP

☐ Change

☐ Addition