

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**  
 06-09-2000 90040 011 \*\*\*150.00

**DOCUMENT #** V22491  
 1. Entity Name  
**SHIPS MACHINERY INTERNATIONAL INC.**

Principal Place of Business Mailing Address  
**8375 N.W. 56 STREET**  
**MIAMI, FL. 33166**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0347162** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**00061933**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**KAI JACOBS**  
**8375 N.W. 56 STREET**  
**MIAMI, FL. 33166**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Peter Jacobs</b> Executive Vice President <input type="checkbox"/> Delete 8375 N.W. 56 Street Miami, Fl.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Operation Vice President Richard Welch 8375 N.W. 56 Street Miami Fl. 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Secretary Emilio Leon 8375 N.W. 56 Street Miami, Fl. 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE:**  **EMILIO LEON** Date **05/30/00** Daytime Phone # **305-5927350 EXT208**

CRZE034 (9/99)