

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90290 037 \*\*\*158.75

0207287

**DOCUMENT # V22491**

1. Entity Name  
**SHIPS MACHINERY INTERNATIONAL, INC.**

Principal Place of Business <b>8375 NW 56 STREET          1 BISCAYNE TOWER, 2 S. BISCAYNE BLVD.          MIAMI FL 33166          US</b>	Mailing Address <b>8375 NW 56 STREET          1 BISCAYNE TOWER, 2 S. BISCAYNE BLVD.          MIAMI FL 33166          US</b>
--	--



DO NOT WRITE IN THIS SPACE

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 <b>65-0347162</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**JACOBS, KAI  
 2601 S BAYSHORE DR  
 19TH FLOOR  
 MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KRAUTKEMER, FRANZ D</b>	
STREET ADDRESS	<b>8375 NW 56 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> Delete
NAME	<b>JACOBS, PETER</b>	
STREET ADDRESS	<b>11455 SW 93 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>CP</b>	<input type="checkbox"/> Delete
NAME	<b>WELCH, RICHARD P</b>	
STREET ADDRESS	<b>9260 SW 185 TERR.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>EMILIO, P. L</b>	
STREET ADDRESS	<b>11320 SW 110 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BARR, DANIEL A</b>	
STREET ADDRESS	<b>499 NW 70 AVE., SUITE 105</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)