2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State
01-21-2000 90064 018 ***150.00

DOCUMENT # V30888

1. Entity Name

PRAMS WATER SHIPPING COMPANY, INCORPORATED

Principal Place of Business	Mailing Address
8925 SW 67TH AVE. MIAMI FL 33156 US	8925 SW 67TH AVE. MIAMI FL 33177-1600 US

D0006883

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16155 SW 117 AVE	16155 SW 117 AVE
Suite, Apt. #, etc.: B-6	Suite, Apt. #, etc.: B-6
City & State: MIAMI FL.	City & State: MIAMI FL
Zip: 33177 Country: USA	Zip: 33177 Country: USA

4. FEI Number 65-0336845 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAHAJAN, M. R. 13704 SW 83 COURT MIAMI FL 33158	Name: MAHAJAN, M.R. Street Address (P.O. Box Number is Not Acceptable): 16155 SW 117 AVE SUITE - B-6 City: MIAMI FL Zip Code: 33177

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: Manohar R. Mahajan - PRESIDENT 1/14/00
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 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAHAJAN, M.R. 13704 SW 83 CT. MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MAHAJAN, SARITA 13704 SW 83 CT. MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MAHAJAN, SARITA 13704 SW 83 CT. MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: SIGNATURE REQUIRED Manohar R. MAHAJAN 1/14/00 305 251 7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #