FILED 2003 FOR PROFIT CORPORATION Feb 21, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State V55016 DOCUMENT # 02-21-2003 90842 020 ***150 00 1. Entity Name TITANIC PACKING & CRATING, INC. Mailing Address Principal Place of Business 7424 N.W. 55TH STREET 7424 N.W. 55TH STREET MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 7262 NW 66 ST. 7262 NW. 66 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 59-1946810 Fl. Not Applicable niam Country \$8.75 Additional 5. Certificate of Status Desired cFL. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EFRAIN VILLEGAS VILLEGAS, EFRAIN Street Address (P.O. Box Number is Not Acceptable) 9012 N.W. 147TH TERRACE 20500 CL EOUNTRY ELUB DR. MIAMI FL 33016 City AUENTURA 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of regis FILE NOW!!! FEE IS \$150.00 🤹 🕏 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 -----Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. P. VILLEGAS EFRAIN Change TITLE ☐ Delete TITLÉ VILLEGAS, EFRAIN NAME NAME 20500 W. COUNTRY ELUB DR. \$708 STREET ADDRESS 9012 N.W. 147 TERR STREET ADDRESS AV EN TURA FL. 33-180 | Change CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ST ☐ Delete TITLE TITLE ST. VILLEGA MYRIAM 20500 W. EOUNTRY LUUB AVENTURA FL. 33/80 Change NAME VILLEGAS, MIRIAM NAME STREET ADDRESS STREET ADDRESS 9012 N.W. 147 TERR CITY-ST-ZIP CITY-ST-7IP MIAMI FL TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

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