2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT #. P0000058117 1. Entity Name M & J TRANSPORTATION INC. 05-02-2001 90205 005 ***150.00 Mailing Address Principal Place of Business 1308 N.W. 36TH AVENUE 1308 N.W. 36TH AVENUE MIAMI FL 33125 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-1094805 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARCIA, JESUS M Street Address (P.O. Box Number is Not Acceptable) 1308 N.W. 36TH AVENUE **MIAMI FL 33125** Zip Code City 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 16SUS M. GARLIA PRUS (NOTE: Registered Agent signature required when reinstating) SIGNATURE e, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition PD TITLE TITLE ☐ Delete GARCIA, JESUS M NAME NAME STREET ADDRESS 1308 N.W. 36TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33125** ☐ Addition ☐ Change 和計 Delete TITLE CARRIAZO, MARLENY NAME NAME STREET ADDRESS .1308 N.W. 36TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33125 Jawrence VINAS --- Change Lawrence Vinas 1308 DW 36+1 AVE MIAMI FT 33121 tifle Sec Delete -NAME STREET ADDRESS STREET ADDRES MIAMI H3312N CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

