FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 02, 2002 8:00 am Secretary of State P01000023655 **DOCUMENT #** 1. Entity Name 05-02-2002 90015 048 ***150.00 NEW YORK MINUTE TRUCKING, INC. Principal Place of Business Mailing Address 1181 SOUTH ROBERS CIR STE #7 4181-SOUTH ROGERS CIR STE #7 BOCA RATON FL-33487-BOCA-RATON FL 33487-2. Principal Place of Business 3. Mailing Address 2363 NW Book Maton Blue 2263 NW Boca Kalan Blud ite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 103 City & State Applied For \mathcal{E} $\propto q$ hooida Not Applicable Zip Country 5 4 1 \$8.75 Additional 5. Certificate of Status Desired Palm Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Name_ SCHUTTLER, HOLLY D Street Address (P.O. Box Number is Not Acceptable) 5355 TOWN CĂUTER ROAD STE 801 **BOCA RATON FL 33486** City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition CR2E034 (9/01) SCHUTTLER, JOHN NAME NAME 1181 SOUTH ROGERS CIR STE #7 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change . Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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:

SICHAN UNE NEW WITE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR