2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am Secretary of State DOCUMENT # . P94000059955 1. Entity Name 05-27-2002 90269 004 ***150 00 GLOBAL TRUCKING SERVICES, INC. Principal Place of Business Mailing Address MIAMI INTERNATIONAL AIRPORT POB 998737 MIAMI FL 33159 MIAMI FL 33299 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0551644 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, JUAN JR. Street Address (P.O. Box Number is Not Acceptable) 14562 SW 75 STREET MIAMI FL 33183 City Zip Code FL 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) \$5.00 May Be 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. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition GONZALEZ, ALICIA NAME NAME 416 VALLEY RIDGE DRIVE # 3 STREET ADDRESS STREET ADDRESS KALAMAZOO MI 49006 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CACHINERO, ANGEL NAME **7830 NW 160 TERRACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CACHINERO, ANGEL C NAME STREET ADDRESS 5621 SW 69TH AVE. STREET ADDRESS, CITY-ST-ZIP CITY-ST-ZIP MIAMI FL PD ☐ Delete TITLE ☐ Change ☐ Addition GONZALEZ, JUAN JR NAME NAME 14562 SW 75 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33183** 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

VED OFFRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/28/02

305-216-1044

Daytime Phone #

FILED