2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9600064688 Sep 18, 2000 8:00 am Secretary of State 1. Entity Name VALENCIA EXPRESS INC. 09-18-2000 90023 043 ***555.00 Principal Place of Business Mailing Address 5533 NORTHWEST 72ND AVENUE 5533 NORTHWEST 72ND AVENUE MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0691903 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 ANA ORTEGA, ORTEGA, ANA Address (P.O. Box Number is Not Acceptable)
30 NW JOH TH COURT 5551 SW 144TH CT-MIAMI FL 33175 ... 9. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$550.00-9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition GUILLEN, DENIS 5130 AW 104 TH COURT **GUILLEN. DENIS** NAME NAME URB EL CAFETAL, AVE 199 #107-40 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI , FL 33178 CITY-ST-ZIP NAGUANAGUA, CARABOBO VENEZ. ☐ Change ☐ Addition TITLE ☐ Delete TITLE ORTEGA, ANA 5230 NW 104 TH C HIAHI, FC 33178 NAME ORTEGA, ANA 5551 S.W. 144TH COURT STREET ADDRESS STREET ADDRESS COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME TYPE AT NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SSASSATUICADE CONSCIONA DE SCANNO DE

08/23/2000

(305) 863-0715