2000 UNIFORM BUSINESS REPORT (UBR) May 01, 2000 8:00 am Secretary of State DOCUMENT # **P98000024894** 1. Entity Name Caballero express, inc. 05-01-2000 90475 010 ***150.00 Mailing Address Principal Place of Business 946 SW 118 COURT 946 SW 118 COURT MIAMI FL 33184-2551 MIAMI FL 33184 2. Principal Place of Business 3. Mailing Address 115 CF-DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 65-0822421 Not Applicable MIGMI WW Country \$8.75 Additional 5. Certificate of Status Desired Dabe Dada Fee Required MIGMI MIGMI 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALLE, MARBIN Street Address (P.O. Box Number is Not Acceptable) 946 SW 118 COURT **MIAMI FL 33184** 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 --- - FILE NOW!!!-EEE.IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Delete TITLE TITLE MARBIN, VALLE NAME NAME STREET ADDRESS 946 SW 118TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33184 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SF-ZH CITY-ST-ZIF ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE 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 trusteer 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:

PRESIDENT