FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State DOCUMENT # P99000090441 1. Entity Name 05-15-2001 90064 050 ***150 00 ALPHA OMEGA EXPRESS, INC. Principal Place of Business Mailing Address 9351 FOUNTAINEBLEAU BLVD. P.O. BOX 226644 SUITE B-219 MIAMI FL 33122 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address 10452 SW 4 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. MIAMI Applied For City & State City & State 4. FEI Number 65-0958585 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 11AMI-PADE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARLOJ HELO. CARLOS E 9351 FOUNTAINEBLEAU BLVD. **SUITE B-219 MIAMI FL 33172** City purpose of changing its registered office or registered agent, or both, in the State of Florida s statement of CARLUS & HELO PRESIDENT SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 12. OFFICERS AND DIRECTORS 11. PTD ☐ Addition **C**hange TITLE TITLE PTD ☐ Detete HELD, CARLOS & NAME NAME HELO. CARLOS E 10452 SW 40th TERRACE STREET ADDRESS STREET ADDRESS 9351 FOUNTAINEBLEAU BLVD., STE. B-219 Migmi, FLORIDA 33/61 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 TITLE ☐ Delete BOLANOS, SUSAN K NAME BOLANOS, SUSAN K NAME STREET ADDRESS 10452 SW 40 tH TERRACE STREET ADDRESS 9351 FOUNTAINEBLEAU BLVD., STE. B-219 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ 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-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 amplifying 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 amplifying the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee amplifying the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee amplifying the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee amplifying the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee amplifying the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee amplifying the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee amplifying the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee amplifying the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of the

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SQNADURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

3/6/01 (305)219-1/5 E

☐ Change

☐ Addition