2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # G25070 May 30, 2000 8:00 am Secretary of State 1. Entity Name M & G TRANSPORT, CORP 05-30-2000 90127 001 ***300.00 Principal Place of Business Mailing Address 7070 N.W. 84TH AVENUE P.O. BOX 654204 MIAMI FL 33166 MIAM! FL 33265-4204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2503402 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name' HERNANDEZ, GLADYS Street Address (P.O. Box Number is Not Acceptable) 2031 SW 127TH CT. **MIAMI FL 33175** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete HERNANDEZ, GABRIEL NAME STREET ADDRESS 2031 S.W. 127TH COURT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE HERNANDEZ, GLADYS NAME NAME 2031 SW 127TH CT. STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESECTOR

SIGNATURE: