2002 Uniform Business Report (UBR)

changed, or on an attachment with an address

SIGNATURE:

Apr 15, 2002 8:00 am Secretary of State DOCUMENT # 610041 1. Entity Name RODY TRUCKS INTERNATIONAL, INC. 04-15-2002 90001 034 ***158.75 Principal Place of Business Mailing Address 2479 N.W. 36 ST. 2479 N.W. 36 ST. MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1891464 Not Applicable Zip Country Zip 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 GOMEZ, RODOVALDO 18671 COLLINS AVE. #3304 SUNNY ISCESBEACH, FL. 33/60 Street Address (P.O. Box Number is Not Acceptable) 1260 STARLING AVE --MIAMI SPRINGS FL 33166-Zio 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VSD TITLE ☐ Delete ☐ Addition CR2E034 (9/01 GOMEZ, YRMA NAME NAME -1260 STARLING AVE. 18671 COLLINS AVE STREET ADDRESS STREET ADDRESS MIAMI SPRINGS FL CITY-ST-7IP CITY-ST-ZIP PD TITLE TITLE Change ☐ Addition 18671 COILINS AVE. #370 GOMEZ, RODOVALDO NAME NAME 1200 STARLING AVE. SHNHY ISLESBEACH, FL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI-SPRINGS FL CITY-ST-ZIP 33/60 VD. TITLE Delete. ☐ Change Addition CARRASCO, RENE I NAME NAME 15040 SW 51ST ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33027 CITY-ST-ZIP ☐ Delete TITI F TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE Change 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 chalify 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 accuracy 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 employers to be a required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

C. KENEJL.

SIGNATURE AND TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR