2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 9

Apr 22, 2002 8:00 am § Secretary of State DOCUMENT # F99000003536 1. Entity Name 04-22-2002 90202 026 ***158 WORLD CARGO ALLIANCE, INC. Principal Place of Business Mailing Address P.O. BOY 22477 P.O. BOX 22477 DENVER CO. 90222-0427 DENVER CO. 80222-0477 Registered Agent US Corpworks 3. Mailing Address 2. Principal Place of Business 3500 E Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number. Applied For 84-1481338 Uerver Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Yokeum, David YOKEUM, DAVID L Street Address (P.O. Box Number is Not Acceptable) 3801 N. University Dr. 6701 NW 7TH ST SUITE 156 E MIAMI FL 33126 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, 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. President CR2E034 (9/01) TITLE Change ☐ Addition TITLE ☐ Delete Yokeum , David L. NAME NAME YOKEUM, DAVID 3801 W. University Dr., 519,506 STREET ADDRESS STREET ADDRESS 6701 NW 7TH ST., SUITE 156 E CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 Sunrise FL 33351 Delete TITI F TITLE VPST NAME NAME LUCIA, DAVID A STREET ADDRESS STREET ADDRESS 5580 E. AMHERST AVENUE CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80222 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete 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 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 on rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED