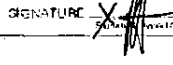


FILED

03 MAY 14 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016101			
1. Entity Name MAIA TRANSPORT & SERVICES LLC			
Principal Place of Business 2899 COLLINS AVE. SUITE 1443 MIAMI BEACH, FL 33140		Mailing Address 2899 COLLINS AVE. SUITE 1443 MIAMI BEACH, FL 33140	
2. Principal Place of Business 7617 Carlyle Ave. Suite 7 Miami Beach, FL 33141		3. Mailing Address 7617 Carlyle Ave. Suite 7 Miami Beach, FL 33141	
4. FEI Number 65-1065197		Applied For Not Applicable	
5. Certificate of Status Desired \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: Luis Alonso Perez Street Address (P.O. Box Number is Not Acceptable) 7617 Carlyle Ave. Suite 7 City: Miami Beach, FL 33141	
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. I am familiar with, and accept the obligations of, the stated agent.			
SIGNATURE:  DATE: 05/14/03			
FILE NOW WITH FEE IS \$60.00 Make Check Payable to Florida Department of State Due By May 11, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, LUIS ALONSO 2899 COLLINS AVE. MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Perez, Luis Alonso 7617 Carlyle Ave. Suite 7 Miami Beach, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRULLAS, RAMON 2899 COLLINS AVE. MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Trullas, Ramon 7617 Carlyle Ave. Suite 7 Miami Beach, FL 33141
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  DATE: 05/14/03			

CR26033 (12/02)