FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Mar 28, 2001 8:00 am DOCUMENT # P0000006190 **Secretary of State** 1. Entity Name 03-28-2001 90224 003 ***150.00 KLK TRUCKING, INC. Principal Place of Business Mailing Address 3900 NW 79TH AVENUE SUITE 326 3900 NW 79TH AVENUE SUITE 326 637848 MIAMI FL 33166 MIAMI FL 33168 2. Principal Place of Business 3. Mailing Address 5317 NW 39th AVL 5317 NN 39th AVENUE Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Lity & State ty & State 4. FEI Number Applied For ONI OUT LIVE Not Applicable 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 AYMOND ESCOBAL, RAQUEL Street Address (P.O. Box Number is Not Acceptable 3900 NW 79TH AVENUE SUITE 326 **MIAMI FL 33166** AUDEROALE 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. TE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MOND G. KRIFT Delete TITLE CR2E034 (10/00) TITLE ESCOBAL, RAQUEL NAME NAME STREET ADDRESS 3900 NW 79TH AVENUE SUITE 326 STREET ADDRESS LAUDENDALE TE 33309 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP -TITLE □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 TITLE ☐ Change ☐ Addition 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

GOFFICER OF DIRECTOR

changed, or on an attachment with an address, with all other like empowered