2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am Secretary of State **DOCUMENT #** P00000054607 1. Entity Name HAPPY STAR TRUCKING, INC. 05-24-2002 91265 041 ***150.00 Principal Place of Business Mailing Address 2520 SOUTHWEST 22ND STREET 2520 SOUTHWEST 22ND STREET **SUITE 2-214** SUITE 2-214 MIAMI FL 33145 **MIAMI FL 33145** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1014197 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSE -CRUZ, IBZAN -Street Address (P.O. Box Number is Not Acceptable) 2320 S.W. 22 STREET MIAM! FL 33145 Sure 2-214 8. The above named entity submit or the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE -PTD-TITLE NAME GRUZ, IBZAN Change NAME AUILES STREET ADDRESS 2520-SOUTHWEST 22ND STREET STREET ADDRESS 3030 SW 22 NA CITY-ST-7IP MIAMI-FL-33145 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME MENENDEZ, ALAIN AVILES, JOSE -NAME STREET ADDRESS 2520 SOUTHWEST 22ND STREET STREET ADDRESS CITY-ST-ZIP MIAMI-FL-33145 CITY-ST-ZIP Milmi FL. ~ ≝ · Delete = -TITLE : **K**Change__ - 🔃 Addition -Change MENENDEZ, ALAIN-NAME CRUZ TOZAM STREET ADDRESS 2520 S.W. 22 STREET STREET ADDRESS CITY-ST-ZIP MIAMI-FL 33145 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 TITI F ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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

SIGNATURE:

changed, or on an attachment with an add

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED