2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 21, 2001 8:00 am DOCUMENT # P00000066598 **Secretary of State** SANTANA'S SUPERIOR TRANSPORTATION, CORP. 02-21-2001 90032 035 ***150.00 Principal Place of Business Mailing Address 622 S.W. 78TH AVE 622 S.W. 78TH AVE MIAIMI FL 33144 MIAIM! FL 33144 2. Principal Place of Business 3. Mailing Address 6225W Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For ± 65 - 1023750 Not Applicable 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 SANTANA, RODRIGO Street Address (P.O. Box Number is Not Acceptable) 622 S.W. 78TH AVE MIAIMI FL 33144 City Zip 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. ት ዚጎ ሃ ና, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) -áyable to Department of State OFFICERS AND DITAL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE ☐ Delete SANTANA, RODRIGO NAME STREET ADDRESS 622 S.W. 78TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAIMI FL 33144 TITLE ☐ Delete TITLE □ Change Addition PATTERSON, CATHLEEN NAME STREET ADDRESS 622 S.W. 78TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAIMI FL 33144 TITLE. . Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Defete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 changed, or on an attachment with an address, with all other like empowered.