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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR) May 18, 2001 8:00 am Secretary of State DOCUMENT # P0000075343 FOUNTAIN MORRIS TRUCKING, INC. 04-28-2001 90041 047 ***150.00 Principal Place of Business HISOT SOUTHWEST 1961H STREET 1901-Southwest 186th etreet MIAMI FL 33157 MIAMI_FL 33157 Mailing Address ite. Apt. #, etc. DO NOT WRITE IN THIS SPACE $n e \tilde{k}$ City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA. P.A. Street Address (P.O. Box Nomber is Not & 343 ALMERIA AVENUE CORAL GABLES FL 33134 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered age. f. or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature requires 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. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Chance Addition CR2E034 (10/00 FOUNTAIN, LOIS R NAME NAME STREET AUDRESS 11301 SOUTHWEST 186TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33157** C31Y-ST-ZIP TITLE ☐ Delete TITLE ☐ Charge Addition FOUNTAIN, WILLIE J NAME NAME STREET ADDRESS 11301 SOUTHWEST 186TH STREET STREET ADDRESS CHY-ST-ZIP **MIAMI FL 33157** CITY-ST-ZP T(T) F MORRIS Addition MORRIA: DIALLO S NAME NAME STREET ADDRESS 11301 SOUTHWEST 186TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP HILE Delete TITLE FOUNTAIN, TRINITY K MAME STREET ADDRESS 11301 SOUTHWEST 186TH STREET STREET ADDRESS CHY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Acdition NAME NAME. STREET ADORES STREET ADDRESS CITY-ST-ZIP CITY ST-ZIE Delete TIFLE ııı£ ☐ Addition NAME MAME 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 changed, or on an attachment with an address, with all other like empowered