## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0000075876 1. Entity Name A & B RENTERIA FREIGHT, INC. 04-30-2001 90351 005 \*\*\*150.00 Principal Place of Business Mailing Address 244 N.W. 11TH AVENUE 244-N.W. 11TH-AVENUE SUITE NO. 8 SUITE NO. 8 753238 MIAMI FL 33128 MIAMI-FL-33128 2. Principal Place of Business 3. Mailing Address 148 CT. 14232 S.W 148 CT. 14232 SW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number iAmi Not Applicable Miam Country \$8.75 Additional Zip 5. Certificate of Status Desired 33196 Fee Required 33190 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RENTERIA, ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 244 N.W. 11TH AVENUE SUITE NO. 8 MIAMI FL 33128 Zip Code 33196 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE RENTERIA, ALEXANDER NAME NAME 14232 S.W 147 CT. STREET ADDRESS 244 N.W. 11TH AVENUE SUITE 8 STREET ADDRESS CITY-ST-ZIP Miami FL CITY-ST-ZIP MIAMI FL 33128 ☐ Addition TITLE Change ΫD Delete TITLE Kenteria RODRIGUEZ, BETTY NAME NAME 14232 SW 147 CT. MIAMI FL 33196 STREET ADDRESS 244 N.W. 11TH AVENUE SUITE 8 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33128 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 postee 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 the empowered.

SIGNATURE:

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR