FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2001 8:00 am Secretary of State P00000090792 DC SUMENT # 'Name BL Fin 09-12-2001 90015 042 ***558.75 JACK WORLDWIDE COURIER INC. Pri المستقارة - Place of Business Mailing Address 84. 3. v. 68TH ST. MI 33166 8427 N.W. 68TH ST. MIAMI FL 33166 £0076109 2. pal Place of Business 3. Mailing Address Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE DEP State City & State Applied For 4. FEI Number 65-10 Not Applicable Country Zip Country \$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 TOTO, MANUEL Street Address (P.O. Box Number is Not Acceptable) 9.W: 112TH GOURT // FL 33173 Zip Code City FL 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (5/01)☐ Addition Change TITLE ☐ Delete TITLE. MONTOTO, MANUEL Monboto, Manuel NAME NAME CR2E034 7111 S.W. 112TH COURT STREET ADDRESS 737 Jefferson Ave, #302 STREET ADDRESS Mzamz Beach, FL 33139 CITY-ST-7IP MIAMI FL 33173 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE. NAME NAME CUBILLAN, SIMON Jaffarson Ava, #302 STREET ADDRESS STREET ADDRESS 7111-S.W. 112TH COURT CITY: ST-ZIP CTTY-ST-ZIF MIAMI FL 33179 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TIT1 F Change ☐ Addition TITLE NAME NAME

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

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR