2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State DOCUMENT # P01000004207 1. Entity Name GLOBAL EXPRESS, INC. 05-28-2002 91609 013 ***150.00 Principal Place of Business Mailing Address 5583 NW 72ND AVE 5583 NW 72ND AVE MIAMI FL 33166 MIAM! FL 33166 2 Principal Place of Business 8256 N.W. 30th TERRACE 3. Mailing Address 8256 N.W. 30th TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MIAMI, FLORIDA MIAMI, FLORIDA 4. FEI Number 65-1087510 Applied For ... Not Applicable Country U.S.A. Country U.S.A. \$8.75 Additional 33122 33122 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JIMENEZ, RICARDO JIMENEZ, RICARDO Street Address (P.O. Box Number is Not Acceptable) 8256 N.W. 30th TERRACE 5583 NW 72ND AVE **MIAMI FL 33166** ^z33122 MIAMI 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 (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (10/6) VSD TITI F ☐ Delete JIMENEZ, RICARDO NAME NAME ARGUELLO, JOSE LUIS 5583 NW 72ND AVE STREET ADDRESS STREET ADDRESS 8256 NW 30th TERRACE CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP MIAMI, FL. 33122 TITLE Change ☐ Addition Delete JIMENEZ, MARLENE NAME NAME 5583_NW_72ND.AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY ST ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE

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 of 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 one like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS