## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORTATION

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DOCUMENT # P01000039593					Secretary of State 09-15-2003 90160 045 ***150.00			
LONDONO'S SCHOOL BUS, INC.								
Principal Plac	ce of Business	Mailing Address	<del>-</del>					
16871 PATIO VILLAGE COURT 16871 PATIO VILLAGE COURT WESTON FL 33326 WESTON FL 33326								
2. Principal F	3. Mailing Address 16871 PATIO	VILLAGE C	<u>t</u>			11111 1111 1111 12101 1111 1101		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State WESTON FL		City & State WESTON FL			4. FEI Number 65-1101628		pplied For ot Applicable	
<sup>Zip</sup> 33	S326 Country USA	<sup>Zip</sup> 33326	Country US		5. Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent	Name		7. Name and Address of New Registered A	gent	<del></del>	
LONDONO REATRIZ								
16871 PATIO VILLAGE COURT			Street Ad	Idress (P.O. Box Number is Not Acceptable)				
WESTON FL 33326						<u></u>		
			City		FL	Zip Code	e	
		the purpose of changing its r	egistered office or	registered	agent, or both, in the State of Florida. I am f	amiliar with,	and accept	
the obligat	tions of registered appent.						İ	
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signatu	re required wh	nen reinstating) DATE		<del></del>	
	ILE NOW!!! FEE IS \$550.00							
After Se	ptember 10, 2003 Fee will be \$750.		,		Section Campaign Financing     Trust Fund Contribution.		<b>0</b> May Be I to Fees	
	k Payable to Florida Department of							
TITLE	OFFICERS AND D	Delete	11.		ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	S IN 11 Addition	
NAME	LONDONO, BEATRIZ	CT Desert	NAME			□ onenge	L Addition	
STREET ADDRESS	16871 PATIO VILLAGE COURT		STREET ADDRESS				[	
CITY-ST-ZIP	WESTON FL 33326	·	CITY-ST-ZIP					
TITLE NAME		☐ Delete	, TITLE NAME			☐ Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP			_		
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NAME STREET ADDRESS	1		NAME STREET ADDRESS					
CITY-ST-ZIP		•	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME .					
STREET ADDRESS CITY-ST-ZIP	·		STREET ADDRESS					
TITLE		Delete	CITY-ST-ZIP TITLE			☐ Change	Addition	
NAME		L.J. Velete	NAME			c⊓ange	☐ AUDILION	
STREET ADDRESS			STREET ADDRESS				ļ	
CITY-ST-ZIP		<u></u>	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
name Street address		•	NAME STREET ADDRESS				}	
CITY-ST-ZIP			CITY-ST-ZIP					
	<del></del>							

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

attachment #PO1000039593 Division of Corporations Unform Business Report filrigs Lam sending form 15000 beeause I mly receipt the paper this week. Sony now Jan sudny you the Moriey and the paper nou Beatin holono 16871 Patro Villege d wstr 1 33326.

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