

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90228 044 ***150.00

| | | |
|------------------------------------|--|--------------------------|
| DOCUMENT # | | P01000059374 |
| 1. Entity Name | | |
| A. & O. TRANSPORT INC. | | |
| Principal Place of Business | | Mailing Address |
| 649 SW 7TH STREET | | 649 SW 7TH STREET |
| SUITE 6 | | SUITE 6 |
| MIAMI FL 33130 | | MIAMI FL 33130 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--------------|---------|--------------|---------|
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 4. FEI Number 65-111-2236 | Applied For |
| | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| 6. Name and Address of Current Registered Agent | |
|---|--|
| IBARRA, ROGELIO 649 SW 7TH STREET SUITE 6 MIAMI FL 33130 | Name |
| | Street Address (If different from above) |
| | |
| | City |

| | |
|-----------|----------------|
| FL | Zip Code _____ |
|-----------|----------------|

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)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election, Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

[illegible][illegible]

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (9/01)