## <sup>2002</sup> FOR PROFIT CORPORATION

## May 13, 2002 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # P01000079735 05-13-2002 90151 022 \*\*\*150.00 1. Entity Name ZION TRANSPORTATION, INC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 10231 NEWINGTON DR 140 OXACA LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3738366 ORLANDO, FL KISSIMMEE, FL Not Applicable 32<u>836</u> Country Country \$8.75 Additional 5. Certificate of Status Desired 34743 USA USA Fee Required 7. Name and Address of Current Registered Agent Name DIAZ, DAVID DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable). IN THIS SPACE 10231 NEWINGTON DR City Zip Code 32836 ORLANDO 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. DAVID DIAZ (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE PTD CR2E034B (12/01) TITLE NAME DIAZ, DAVID STREET ADDRESS STREET ADDRESS 10231 NEWINGTON DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32836 TITLE TITLE VSD NAME MELENDEZ, JOSE R STREET ADDRESS STREET ADDRESS 140 OXACA LANE CITY-ST-ZIP CITY-ST-ZIP\_ KISSIMMEE, FL 34743 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DAVID DIAZ

4/25/02

**FILED**