№ FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000085955 04-21-2003 91065 005 ***150.00 1. Entity Name TRAFFIC SCHOOL-ALL FLORIDA, INC. 70045483 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 3800 NW 11TH STREET 3800 NW 11TH STREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State MIAMI FLORIDA. MIAMI FLORIDA 65-1134150 Not Applicable Zio Country Zip 33126 Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 33126 USA 7. Name and Address of Current Registered Agent ÉGUES, RANDY J DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)
11770 SW 24TH TERRACE IN THIS SPACE City MIAMT 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$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) XXX Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. P/S/D TITLE TITLE EGUES, RANDY J NAME NAME 11770 SW 24TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL, 33175 TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-7IP TITLE IN THIS SPACE NAME * **** NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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ort 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

13. Thereby certify that the information supplied with this filling 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 acquired and that my signature shall have the same local affect as if made under eath; that Lee as affect as director.

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SIGNATURE:

indicated on this report or supplemental report is true of the corporation or the receiver of truste attachment with an address, with all other

FILED Apr 21, 2003 8:00 am Secretary of State

CR2E034B (12/01)