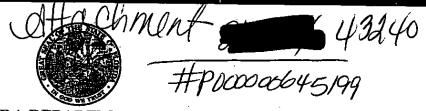
6/16/2002-9070

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

06-16-2002 90707 015 ***150.00

FOR PROFIT CORPORATIONS UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # POLODO 92290 MARTHA'S TEAMS PORTATION, CORP DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 8230 NW 191 5 5T 43240 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City's State HI ALEAH . FL 33015 City & State 54654 Applied For Not Applied Zip 3 3015 Country Not Applicable Country \$8.75 Additional Fee Required 5. Certificaté of Status Desired ime and Address of Current Registered Agent MARTHA SALAZAR --DO-NOT-WRITE-Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 8230NW 1915 51 HIALEAH nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$50.00 Amended UBR is \$61.25 Make Check Psyable to Department of 8ta 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS THLE MARTHA SALAZAR BL30 HW 19145T # D HIMEAH, PL 33015 MALL STREET ADDRESS CR2E034B (12/0: STREET ACCRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-51-21P CITY-ST-ZEP TIFLE TIFLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY:St-290 me TITLE NAME IN THIS SPACE NAME STREET ADDRESS STREET ACORESS CITY-ST-ZIP CHTY-ST-ZIP TIME TITLE NAME STREET ADDRESS STREET ADDRESS CITY-5T-71P CITY-ST-ZEP TOTAL MALE: = NAUE: NAME STREET ADDRES STREET ADDRESS CITY - ST-ZIP C11Y-ST-ZIP 13. I hereby 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 Florida Statutes. 02 554-9991



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 23, 2002

MARTHA'S TRANSPORTATION 8230 NW 191ST STREET SUITE D HIALEAH, FL 33015

Subject: MARTHA'S TRANSPORTATION

Reference Number:

000000645199

There was not a completed annual report/uniform business report form submitted—with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/BG

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314