FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91412 037 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000101221

1. Entity Name
SERVITRANSPORT CORP.

11040114

Principal Place of Business	Mailing Address
3201 SW 97 AVE MIAMI, FL 33165	PO BOX 52671 MIAMI, FL 33152

2. Principal Place of Business	3. Mailing Address
173 Lawn Way Suite, Apt. #, etc.	P.O. Box 526271 Suite, Apt. #, etc.
City-State: Miami Springs FL	City-State: Miami, Florida
Zip: 33166 Country: USA	Zip: 33152 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-4153123 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JARAMILLO, JULIO C 3201 SW 97 AVE MIAMI, FL 33165	Name Street Address (P.O. Box Number Is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JARAMILLO, JULIO C 3201 SW 97 AVE MIAMI, FL 33165	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CABRERA, MARTA 3201 SW 97 AVE MIAMI, FL 33165	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CABRERA, MARTA 3201 SW 97 AVE MIAMI, FL 33165	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 the address, with all other like empowered.

SIGNATURE: [signature] Marta Cabrera Director, VP 04/29/03 3052829738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #