FILED

2003 FOR PROFIT CORPORATION

Jan 23, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P02000067514 DOCUMENT # 01-23-2003 90218 020 ***150.00 1. Entity Name LA MERCED TRANSPORT, INC. Principal Place of Business Mailing Address 5755 NW 115 COURT 2307 DOUGLAS ROAD # 106 SUITE 400 MIAM! FL 33178 MIAMI FL 33145--305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IDA C OVIES CPA, P.A. Street Address (P.O. Box Number is Not Acceptable) 2307 DOUGLAS ROAD SUITE 400 MIAMI FL 33145 City 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 . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE Delete TITLE ESPANA, VICTOR H NAME NAME 5755 NW 115 COURT #106 STREET ADDRESS STREET ADDRESS MIAMI FL 33178 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ESTRELLA CHAVEZ, MARIA T NAME NAME 5755 NW 115 COURT #106 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33145** TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

this fring does not qualify for the exemption stated in Section 119.07(3)(i), Fi true and accurate and that my signature shall have the same legal effect by Fered to execute this report as required by Chapter 607, Florida States

SIGNATURE:

12. I hereby certify that the information supplied

ndicated on this report or supplementa of the corporation or the receiver or trustee er

NAME OF SIGNING OFFICER OR DIRECTOR

ath; that I am an officer or director e appears in Block 10 or Block 11 if

rther certify that the information