2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Mar 28, 2003 8:00 am Secretary of State 03-12-2003 90073 045 ***150.00

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DOCUMENT # P02000077603 1. Entity Name MIAMI MOBILITY, INC.					· · ·		
Principal Place of Business 13400 SW 4 TERRACE MIAM! FL 33184		Mailing Address 13400 SW 4 TERRACE MIAMI FL 33184					
2. Principal P	Place of Business	3. Mailing Address	····				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			IF MAKING CHANGES	s	حـــ
City & State		City & State		4. FEI Number 06-164 398/		pplied For lot Applicable	7
Zíp	Country	Zip	Country	5. Certificate of Status Desired	S8.75 Ad Fee Requir		1
	6. Name and Address of Current Re	gistered Agent	Name	7. Name and Address of New I	Registered Agent		1
CARRASCAL, JUAN F 13400 SW 4 TERRACE				ess (P.O. Box Number is Not Acceptable	e)		
MIAMI FL	33184						
			City		FL Zip Coo	ie	
	named entity submits this statement for thions of registered agent.		registered office or regi		orida. I am familiar with,	and accept	
F	ILE-NOWIII_FEE_IS_\$150.00						1_
** After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of S	į.		9. Election Campaign Fi Trust Fund Contribution		00 May Be d to Fees	-
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGES TO OFF]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRASCAL, JUAN F 13400 SW 4 TERRACE MIAMI FL 33184	C Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change	☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-SI-ZIP		C Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CFTY-ST-ZIP		☐ Change	☐ Addition	 - - -
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Oelete	THTLE NAME STREET ADDRESS CHY-ST-ZIP		Change	☐ Addition	

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 an address. With all other like empowered.

SIGNATURE:

(39) 182 6879