2001 UNIFORM BUSINESS REPORT (UBR) Amended

DOCUMENT # P94000012460

1. Entity Name

BLACK JACK ROAD SERVICE, INC.

FILED

01 JUN 13 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2430 NW 79 St Miami, Fl 33147	10350 NW 35 Ct Miami, Fl 33147

2. Principal Place of Business	3. Mailing Address
Same as above	Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0467554 ☐ 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
MIGUEL VELEZ 13075 NW 27 Ave Miami, Fl 33167	Name: JUAN B ROSA Street Address (P.O. Box Number is Not Acceptable): 10350 NW 35 Ct City: Miami, Fl 33147 State: 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.

SIGNATURE: X [signature] Rosa — 5/1/2001

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW! FEE IS $150.00
After May 1, 2001 FEE will be $550.00
Mail check payable to: Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MIGUEL VELEZ 13075 NW 27 Ave Miami, Fl 33167 ☐ Delete xxx	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D. MARCIA B ROSA 10350 NW 35 Ct Miami, Fl 33147 ☐ Change ☐ Addition xxx
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S.T.D. JUAN B ROSA 10350 NW 35 Ct Miami, Fl 33147 ☐ Change xxx ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LS ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200004449512--3 -06/28/01--01043--005 *****61.25 *****61.25
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Glaucia Rosa — May 1/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #