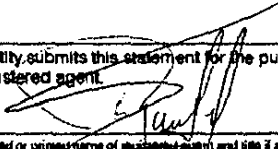


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91896 046 ***150.00

DOCUMENT # P95000087042					
1. Entity Name J.G. QUALITY TRANSPORT SERVICES, INC.					
Principal Place of Business 2009 NW 145 AVE PEMBROKE PINES, FL 33028 US			Mailing Address 2009 NW 145 AVE BAYS 19 PEMBROKE PINES, FL 33028 US		
2. Principal Place of Business 8346 NW South River Dr. Suite, Apt. #, etc. Unit "K"		3. Mailing Address P.O. Box 668916 Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-0661218	
Zip 33166		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAREZ, FERNANDO 2009 NW 145 AVE PEMBROKE PINES, FL 33028			7. Name and Address of New Registered Agent Name: Larez, Fernando R. Street Address (P.O. Box Number is Not Acceptable) 8346 NW South River Drive Unit "K" City: Miami FL Zip Code 33166		
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: 02/18/2003 (NOTE: Registered Agent's signature required when registering)					
FILING FEE: \$100.00 ADDITIONAL FEE: \$5.00 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 PDT NAME LAREZ, FERNANDO R. STREET ADDRESS 2009 NW 145 AVE CITY-ST-ZIP PEMBROKE PINES, FL 33028	☐ Delete		TITLE PDT NAME Larez, Fernando R. STREET ADDRESS 8346 NW South River Drive Unit "K" CITY-ST-ZIP Miami, FL 33166	☒ 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	☐ Delete		TITLE NAME STREET ADDRESS CITY-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	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-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: 			Fernando R. Larez		02/18/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		305-884-7491

CPE034 (10/02)