2002 Uniform Business Report (UBR)

changed, or on an attachr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

Mar 12, 2002 8:00 am Secretary of State P96000038941 DOCUMENT # 1. Entity Name RYDER, INC. OF FLORIDA 03-12-2002 90282 031 ***150.00 Mailing Address Principal Place of Business 3600 NW 82ND AVE 3600 NW 82ND AVE MIAMI FL 33166 MIAM! FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0838552 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent O'MEARA, VICKI A Street Address (P.O. Box Number is Not Acceptable) 3600 N.W. 82ND AVENUE **MIAMI FL 33166** Zip Code FL 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 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) ☐ Change TITLE 💢 Delete TITLE ☐ Addition BURNS, M. ANTHONY NAME NAME CR2E034 STREET ADDRESS 3600 NW 82ND AVE STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition HUSTON, EDWIN A NAME NAME 3600 N.W. 82ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-7tP Delete ☐ Change ☐ Addition TITLE TITLE NAME SWIENTON, GREGORY T NAME 3600 NW 82ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE **NELSON, CORLISS J** NAME NAME 3600 N W 82ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33166** CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Corliss J. NElson

Daytime Phone #

FILED