2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 01, 2001 8:00 am Secretary of State DOCUMENT # **P96000050014** 1. Entity Name 06-01-2001 90005 020 ***150.00 U.S.A TRUCK CORP. Principal Place of Business Mailing Address LUUTUTSI 8755 NW 27TH AVENUE 8755 NW 27TH AVENUE MIAMI FL 33147 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0672494 Not Applicable Zip Country 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 Name SALAS, ROBERTO M Street Address (P.O. Box Number is Not Acceptable) 535 W 30 ST MIAMI BEACH FL 33010 City 8. The above named entity submits this statement for the purpose of changing in 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. (NC E. Registered Agent signature required when reinstating) FILE NOV !!!! FEE IS \$ 150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See critoria on back) Make Check Pay ble to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, ☐ Change []] Addition TITLE ☐ Delete TITLE SALAS, ROBERTO M NAME NAME STREET ADDRESS 535 W 30 ST STREET ADDRESS CITY-ST-Z-P CITY-ST-7IP MIAMI BEACH FL Change Addition ☐ Delete TITLE TITLE HERRERA, JULIO NAME NAME STREET ADDRESS 17010 S.W. 110TH AVENUE STREET ADDRESS CITY-ST-7:P CITY-ST-ZIF MIAMI FL 33179 ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP 13. I hereby certify that the information supplied indicated on this report or supplemental ep-of the corporation or the treceiver or trusfee of changed, or on an attachment with an address. as not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director acute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if like apport red.

OFF CER OR DIRECTOR