2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000085724 Sep 13, 2000 8:00 am Secretary of State 1. Entity Name M & T EXPRESS, INC. 09-13-2000 90052 016 ***150.00 Principal Place of Business Mailing Address 5940 NW 201 ST. 5940 NW 201 ST. HIALEAH FL 33015 HIALEAH FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FFI Number 65-0707504 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 4: Name ====AMERILAWYER:CHARTERED:-Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11. 12. Addition **PSTD** TITLE ☐ Delete SECRETAR SCRIVEN, ALVIN STREET ADDRESS 5940 NW 201 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33015 ■ Addition ☐ Delete TITLE Change TITLE SCRIVEN, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 5940 NW 201 ST. CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33015 ☐ Addition TITLE ☐ Delete TITLE Change SCRIVEN, TERENCE NAME NAME STREET ADORESS STREET ADDRESS 5940 NW 201 ST. CITY-ST-ZIP CITY_ST_ZIP · HIALEAH:FL-33015 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME OFFICIAL CORPORATE SEAL STREET ADDRESS STREET ADDRESS M & T EXPRESS, INC. 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, Turner 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 faith 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. changed, or on an attachment with an address, with all other like empowered.

Madray 600 857 BO104395 ET# 650707504