2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2001 8:00 am Secretary of State DOCUMENT # P96000091782 1. Entity Name 05-16-2001 90024 023 ***158.75 POWER SHUTTLE, INC. Principal Place of Business Mailing Address 1530 NE 12TH AVE 6848 SW 37TH ST 550428 MIAMI FL 33169 MIRAMAR FL 33023 2. Principal Place of Business 3. Mailing Address 310 5630 Mon $N \cdot L$ Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0708756 Not Applicable Country Privua 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 MCMILLIAN, MARVA 6848 SW 37TH ST MIRAMAR FL 33023 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 nt signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE PLES NAME C.E.O Addition CE₀ ☐ Change TITLE ☐ Delete MEUS, POWER I NAME STREET ADDRESS STREET ADDRESS 11530 NE 12 AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** PT TITLE ☐ Change Delete TITLE NAME EDWARDS, VERONICA NAME STREET ADDRESS STREET ADDRESS 5634 NW 14 CT CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 Addition ☐ Change TITLE Delete TITLE Sec Descorbeth RIKA NAME Jean-Yves, Morpeau NAME STREET ADDRESS STREET ADDRESS 51 NW 51ST ST CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33127 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

305-757-1394

changed, or on an attachment with an address, with all other like empowers

SIGNATURE: