2001 UNIFORM BUSINESS REPORT (UBR) May 10, 2001 8:00 am DOCUMENT # P97000013348 1. Entity Name **Secretary of State** ORTEGA MOVING ENTERPRISES OF MIAMI CORP 05-10-2001 90128 027 \*\*\*150.00 Principal Place of Business Mailing Address 20322 NW 52 Ave 20322 NW 52 Ave Miami Fl 33055 Miami F1 33055 CACACUUA 2. Principal Place of Business 3. Mailing Address 18300 SW 112 Ct 18300 SW 112 Ct Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Miami, Florida Miami, Florida 65-0733275 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired <u>33157</u> USA 33157 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORTEGA JESUS <u>ORTEGA JESUS</u> -- 20322 NW - 52 AVE Street Address (P.O. Box Number is Not Acceptable) 18300 SW 112 CT Miami, FL 33055 MIAMI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS TITLE ☐ Delete TITLE Change CR2E034 (11/00) NAME ORTEGA JESUS NAME ORTEGA JESUS STREET ADDRESS STREET ADDRESS -20322 NW 18300 SW 112 CT CITY-ST-ZIP CITY-ST-ZIP MTAMI MIAMI FL 33157 TITLE ☐ Delete TITLE MAME GONZALEZ, HILDELISA GONZALEZ, HILDELISA NAME STREET ADDRESS STREET ADDRESS 18300 SW 112 CT `20322 NW 52 AVE CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33157 MIAMI FL 33055 □ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITI E Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITL F Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI E Change 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 changed, or on an attachment with an address, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: