## FOR PROFIT CORPORATION

May 21, 2002 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000037929** 05-21-2002 90884 036 \*\*\*150.00 1. Entity Name U.S.A. TRANSPORTATION & STORAGE, INC. 663363 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 3600 S. STATE ROAD 7 SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 6 4. FEI Number Applied For City & State City & State 65-13-3-3-0765450 Not Applicable MIRAMAR, Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33023 USA 7. Name and Address of Current Registered Agent JOEL AITKENS DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 651 S.W. 94TH TERR IN THIS SPACE PEMBROKE PINES Zip Code 33025 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) TITLE .D . NAME JOEL AITKENS STREET ADDRESS STREET ADDRESS 651 S.W. 94TH TERR. CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES, FL 33025 TITL F TITLE VP NAME NAME JOSSETTE AITKENS STREET ADDRESS STREET ADDRESS 651 S.W. 94TH TERR. CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES, FL 33025 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME

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 must be empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED