2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000104064 May 02, 2000 8:00 am 1. Entity Name Secretary of State VICTORY TRANSPORT, INC. 05-02-2000 90017 036 ***150.00 Principal Place of Business Mailing Address 1110 N.W. 24TH COURT 1110 N.W. 24TH COURT MIAMI FL 33125 MIAMI FL 33125-3102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 65-0802132 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ^{Nage}ose-Rolando Gonzalez -GONZALEZ, JOSE R Street Address (P.O. Box Number is Not Acceptable) 932 N.W. 32ND PLACE **MIAMI FL 33125** 1110 N.W. 24th Court Miami 33125 8. The above named enlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida <u>Jose Rolando Gonzalez</u> SIGNATURE egistered agent and title if applicable. 9. This corporation in eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Dir./Pres./Sec. **DPS** X Delete TITI F Change ☐ Addition TITLE Jose Rolando Gonzalez GONZALEZ, JOSE R NAME NAME STREET ADDRESS 1,110 N.W. 24th Ct. STREET ADDRESS 932 N.W. 32ND PLACE CITY-ST-ZIP CITY-ST-ZIP Miami. FL 33125 MIAMI FL 33125 ☐ Addition **☆** ∋elete TITLE ☐ Change D۷ NAME GONZALEZ, TOMAS NAME STREET ADDRESS STREET ADDRESS 930 N.W. 32ND PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 assignment of the empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOR DIRECTOR Date 4 kd 00 Daylime Phone I