## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 21, 2002 8:00 am & Secretary of State P98000001376 DOCUMENT # 1. Entity Name REED TRANSPORTATION SYSTEM, INC. Principal Place of Business Mailing Address 2800 NW 100 STREET 2800 NW 100 STREET MIAMI FL 33147 MIAMI FL 33147 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0804885 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REED, ERNEST Street Address (P.O. Box Number is Not Acceptable) 2800 NW 100TH STREET **MIAMI FL 33147** Zip Code City 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) 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, 2002 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 12. 11. TITLE ☐ Delete TITLE REED, ERNEST NAME NAME 2800 NW 100 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP CITY-ST-ZIP VSTD ☐ Addition ☐ Change Delete TITLE REED, WILLIE J NAME NAME 2800 NW 100 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33147** CITY-ST-ZIP ☐ Addition [] Change ☐ Delete TITLE TITLE JOHNSON, MARY NAME NAME STREET ADDRESS 2800 NW 100 STREET STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE RODRIGUEZ, CLIFTON H CPA NAME 2800 NW 100 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33147 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 TITLE ☐ Delete TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with an address, with all of