2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P98000033940 1. Entity Name ASSOCIATED GROCERS TRUCKING, INC. 04-24-2001 90055 014 ***150.00 Principal Place of Business Mailing Address 7000 NW 32ND AVENUE 7000 NW 32ND AVENUE MIAMI FL 33147 MIAMI FL 33147 100000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FFI Number Applied For 65-0834251 Not Applicable Zip Country Zip 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 - Name _--SHEVLIN, BARRY T ESQ. Street Address (P.O. Box Number is Not Acceptable) 1111 KANE CONCOURSE SUITE 605 **BAY HARBOR ISLANDS FL 33154** Zip Code 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) DATE 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 \Box 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 DP Change Addition TITLE Delete TITLE MILLER, CALVIN J NAME NAME STREET ADDRESS 7000 NW 32ND AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33147 CITY-ST-ZIP ★ Change ☐ Addition TIT! F ☐ Delete TITLE Perez, Georgina PEREZ. GEORGINA NAME NAME 7000 NW 32 Avenue STREET ADDRESS 7000 NW 32ND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Miami, FL 33147 MIAMI FL 33147 ST:~-. TITLE -☐ Addition Delete ---. Change SUTHERLAND, ALLAN Sutherland, Allan NAME NAME STREET ADDRESS STREET ADDRESS 7000 NW 32 Avenue 7000 NW 32ND AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33147 <u> Miami, FL 33147</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition NÂME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01