2000 UNIFORM BUSINESS REPORT (UBR)

May 22, 2001 8:00 am Secretary of State DOCUMENT # P98000069523 L.J. P. Express Inc. 05-22-2001 90016 017 ***150.00 Principal Place of Business 2485 W. 76 ST #212 HIALRAH FL 33016 A0071034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0855911 Not Applicable Zip Country 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 A JARO 'Street'Address (P.O. Box Number is Not Acceptable) 2485 HIALEAH City Zip Code FL 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 DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change CR2E034 (9/99) Addition TITLE TITLE NAME NAME J. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition ☐ Change TITLE ☐ Delete TITLE

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 of 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 trusted 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 attachinent with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date Daytime Phone #

Change

☐ Addition

Attachment DF P1800069533 A0071034

L.J.P. Express Inc. 2485 W. 76th St. Hialeah, Florida 33016

May 10, 2001

Uniform Business Report Division of Corporations P.O.Box 1500 Tallahassee Florida 32302

Dear representative:

L.J.P. Express is a closely held corporation owned by me, Luis M. Pajaro.. We engage in the short and long haul transportation of goods over the road. We did not receive the standard report form you in time to be filed by May 1, on account of being out of the state at the time. We respectfully request you accept this enclosed report and fee of \$150.00 for the reasons as stated.

Yours truly

L.J.P. Express Inc.

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