2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # **P98000075577** Feb 10, 2000 8:00 am 1. Entity Name **Secretary of State** TRIPLE "J" TRANSPORT, INC. 02-10-2000 90037 033 ***150.00 Principal Place of Business Mailing Address 6317 S.W. 11TH ST. 8914 S.W. 150 CT., CIRCLE NORTH MIAMI FL 33144-4915 MIAMI FL 33196 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0860473 Not Applicable 5. Certificate of Status Desired = 1 = \$8.75 Additional _Country_ Country . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEREZ, JOSE A Street Address (P.O. Box Number is Not Acceptable) 6317 S.W. 11TH ST. MIAMI FL 33144 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Change Addition PDS □ Delete TITLE TITLE NAME DELGADO, JOSE A SR. STREET ADDRESS 8914 S.W. 150 CT., CIRCLE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 Addition ☐ Change TITLE ☐ Delete TITLE NAME DELGADO, JOSE A JR. NAME STREET ADDRESS 8914 S.W. 150 CT., CIRCLE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33196** Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete 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-7/P ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 reference 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 attagnment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTION NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #