2000 UNIFORM BUSINESS REPORT (UBR) May 22, 2000 8:00 am DOCUMENT # P98000076721 Secretary of State 1. Entity Name AAA-1 GENESIS TOWING, INC. 04-14-2000 90118 016 ***150.00 Mailing Address Principal Place of Business 3521 N.W. 20TH STREET 3521 N.W. 20TH STREET MIAMI FL 33142 MIAMI FL 38142-6803 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number applied for Not Applicable Zip Country Zip 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 Name A & P REGISTERED AGENT, INC. Street Address (T.O. Don Number is Not Acceptable) 2450 S.W. 137TH AVE. SUITE 226 MIAMI FL 33175 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 DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when seinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (66/6) D Change Addition ☐ Delete TITLE TITLE NAME OTERO, FEUX R NAME **CR2E034** STREET AODRESS STREET ADDRESS 3521 N.W. 20TH STREET CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33142 Change Addition TITLE ☐ Delete TITLE NEME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP ☐ Change Addition TITLE TITLE Delete 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 Delete TITLE Change ☐ Addition 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 frue 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 of 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 empowereds.

OF STAINING OFFICER OR DIRECTOR

SIGNATURE:

FEI #65-0861453

Daytime Phone #