2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900003448

RUTMAT TRANSPORT, INC.

Principal Place of Business

Mailing Address

1550 W 7TH COURT APT 16 HIALEAH FL 33010

1550 W 7TH COURT APT 16 HIALEAH FL 33010-2840

FILED May 24, 2000 8:00 am Secretary of State

05-24-2000 90156 001 ***150.00

•				14 01011 01001 1011 1016
2. Principal Place of Business 3700 Place	3. Mailing Address	3300 Placs		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPAC	CE
Cilva State of Pl-	City & State	PL.	4. FEI Number (5 - 088) (98	Applied For Not Applicable
Zip 3>012 Country	3501Z	Country	5 Certificate of Status Desired	75 Additional Required
6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agen	ıt
RUBALCABA, LEONARDO 1550 W 7TH COURT APT 16 HIALEAH FL 33010	<u> </u>	Street estates	narso16 bol caba § (P.O. Bry Number is Not Accipitable).	Zip-Sede 17
		7710		32012
8. The above named entity submits this entitle ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed of printer name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing.				
Tax filing requirement and elects to do so. (See criteria on back)	Make Check Paya	000 Fee will be \$550.00 ble to Department of S	tate Trail Continuation.	\$5.00 May Be Added to Fees
11. OFFICERS AND DIF		12.	ADDITIONS/CHANGES TO OFFICERS AND DIR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD RUBALCABA, LEONARDO 1550 W 7TH COURT APT 16 HIALEAH FL 33010	☐ Delete	NAME STREET ADDRESS 94	Lolcoto, Leonwad ow 33no Ploes Wall, FL 33082	Change Addition
TITLE TD NAME MARRERO, FIDEL STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change 🗀 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with the	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Or the exemption stated in		Change Addition .

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR