2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 08, 2001 8:00 am Secretary of State DOCUMENT # P9900006572 M & M TRANSPORTATION INC. 02-08-2001 90048 024 ***150.00 Mailing Address Principal Place of Business 15378 S.W. 115TH TERRACE 15378 S.W. 115TH TERRACE MIAMI FL 33196 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 65-0892399 City & State Not Applicable Zip Country **\$8.75** Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORREA, ORLANDO Street Address (P.O. Box Number is Not Acceptable) 15378 S.W. 115TH TERRACE MIAMI FL 33196 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 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. ☐ Addition □ Change ☐ Delete TITLE TITLE CORREA, ORLANDO NAME NAME STREET ADDRESS 15378 S.W. 115TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITL F TITLE CORREA, GISSELL NAME NAME 15378 S.W. 115TH TERRACE STREET ADDRESS 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-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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

FILED