FOR PROFIT CORPORATION OF THE PROFIT CORPORA	N (UBR)	
DOCUMENT # 19900021774	* s 💉	FILED
ASAP transportation Ent	Terprices (orp. 02 SEP 16 AM 9: 02
DO NOT WRITE IN THIS SP 2. Principal Place of Business 3. Mailing Address	ACE	SECRETARY OF STATE TALLAHASSEE, FLORIDA
38765W11 2 DVE 出313 38765W1 Suite, Apt. #, etc. Suite, Apt. #, etc. 出 312	112 dew	DO NOT WRITE IN THIS SPACE
City & State HIAmi Fla. City & State HIAmi	Rh	4. FEI Number Applied For Not Applied For
2ip Country Zip Zip 33165	Country SA	5. Certificate of Status Desired S8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE Name Surge A: PeRez Street Address (AD. Box Number is Not Acceptable) 3/2/ SW /5/ C+		
The above appear on the selection of the selection o	CityMIAM	FL Zip Code 33/25
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, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible		
Tax filing requirement and elects to do so. (See criteria on book) Amended t	Fee Is \$550.00 JBR Is \$61.25 to Department of State	10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-STATE OFFICERS AND DIRECTORS 33185 CITY-STATE PRESIDENT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP SCALE SCALE	TITLE NAME STREET ADDRESS. CITY-ST-ZIP	500007851895 509/19/0201069008
TITLE SCORE TRACY NAME STREET ADDRESS STREET ADDRESS		****CITO ON
CITY-ST-ZIP 31215W151 Ct, MIANI, Rh 33185	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
CITY-ST-ZIP SIZISWITICH, MIANEI, Re 33185 TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	
CITY-ST-ZIP 31215W151Ct, MIANEI, Rle 33185 TITLE NAME STREET ADDRESS	NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME STREET ADDRESS	DO NOT WRITE

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 reports the 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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #