MA DUALE AND MESS ON MESS OF 2000 UNIFORM BUSINESS REPORT AUBR) **FILED** DOCUMENT # P99000023353 May 18, 2000 8:00 am Secretary of State WALKER ASPHALT TRADING CORP. 05-01-2000 90007 003 ***150.00 Principal Place of Business Mailing Address 8511 N.W. 61ST ST. 8511 N.W. 61ST ST. MIAM! FL 33166-3308 MIAM) FL 33186 2. Principal Place of Business 3. Mailing Address 8511 N.W. 61 ST 8511 N.W. 6L ST Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State FLORIDA 65-0901595 Miami Miami Not Applicable \$8:75-Additional 5. Certificate of Status Desired 166 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALKER, PATRICK Street Address (P.O. Box Number is Not Acceptable) 11345 S.W. 133RD COURT #4 **MIAMI FL 33186** Zip Code 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 (NOTE: Registered Agent signature required when reinstaling) DATE 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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Channe ☐ Addition Delete TITLE TITLE WALKER, PATRICK NAME NAME 11345 S.W. 133RD COURT #4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33186** ☐ Addition ☐ Delete TITLE THILE WALKER, ANA MARIA NAME NAME STREET ADDRESS STREET ADDRESS 11345 S.W. 133RD COURT #4 WIAMI-FL: 33188-CITY ST-ZIP-☐ Change ☐ Addition ☐ Defete TITLE. TITLE 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 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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

NAME

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

changed, or on an attachment with a all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

☐ Delete

Change

☐ Addition

CR2E034 (9/99)