## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 22, 2001 08:00 AM P99000025220 DOCUMENT# 1. Entity Name **Secretary of State** RIG TRANSPORTERS LOGISTICS, INC. Principal Place of Business Mailing Address 6262 SW 40TH ST 6262 SW 40TH ST MIAMI FL MIAMI FL 33155 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0906482 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, BEHAR & ASSOCIATES, INC. 14730 N.E. 10TH AVENUE Street Address (P.O. Box Number is Not Acceptable) N. MIAMI FL33161 US 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. 01/22/2001 Signature, typed or printed 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 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition X Change PINEDA MAME ALEXANDER O NAME PINEDA ALEXANDER 16540 SW 101ST TERRACE STREET ADDRESS STREET ADDRESS 16540 SW 101ST TERRACE CITY-ST-ZIP MIAMI FL 33195 CITY-ST-ZIP MIAMI P ☐ Delete TITLE VP X Change NAME PINEDA JESSICA NAME PINEDA JESSICA STREET ADDRESS 16540 SW 101ST TERRACE STREET ADDRESS 16540 SW 101ST TERRACE CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP MIAMI FL33196 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 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.

CR2E034 (11/00)

SIGNATURE: Alexander Pineda P 01/22/2001

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date | Daytime Phone #