2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # P99000036193 FAST WAY CARGO CORP. 05-16-2000 90094 015 ***150.00 Principal Place of Business Mailing Address 11560 SW 4 STREET 11560 SW 4 STREET MIAMI FL 33174 MIAMI FL 33174-1043 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65-0914283 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NAVARRO, BLANCA Street Address (P.O. Box Number is Not Acceptable) 11560 SW 4 STREET MIAMI FL 33174 Zip Code City Ft 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition Change TITLE ☐ Delete NAVARRO, BLANCA NAME STREET ADDRESS STREET ADDRESS 11560 SW 4 STREET Inity-ST-ZIP CITY-ST-ZIP **MIAMI FL 33174** Change Addition ☐ Delete TITLE NAVARRO, JORGE N NAME NAME STREET ADDRESS 11560 SW 4 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 Delete ☐ Change Addition SD TITLE TITLE BECKETT, MICHAEL PAUL NAME NAME STREET ADDRESS STREET ADDRESS 11560 SW 4 STREET CITY-ST-7IF CITY-ST-ZIP **MIAMI FL 33174** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP