CR2E034 (9/01

2002 Uniform Business Report (UBR)

changed, or on an attachmer

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State P99000036620 **DOCUMENT #** 1. Entity Name PM TRANSPORT OF FLORIDA, INC. 04-10-2002 90355 024 ***150 00 Principal Place of Business Mailing Address 19995 SW 194 AVENUE 19995 SW 194 AVENUE MIAMI FL 33187 MIAMI FL 33187 2. Principal Place of Business 3. Mailing Address 22290 SW 162 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0925926 00165 Not Applicable Country Country Zip \$8.75 Additional 5.- Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEEH & VENDITTELLI, P.A. Street Address (P.O. Box Number is Not Acceptable) 2 S. BISCAYNE BLVD. STE. 1684 MIAMI FL 33131 City 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 reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition COSTA, JOSE A II NAME NAME 22290 S..W 162 AVENUE STREET ADDRESS STREET ADDRESS GOULDS FL 33170 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SUAREZ, A J NAME NAME 22290 S..W 162 AVENUE STREET ADDRESS STREET ADDRESS GOULDS FL 33170 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SMITH, MARIA C NAME NAME 22290 S..W 162 AVENUE STREET ADDRESS STREET ADDRESS GOULDS FL 33170 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMITH, JOSE I NAME NAME 22290 S..W 162 AVENUE STREET ADDRESS STREET ADDRESS GOULDS FL 33170 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition COSTA, JOSE A III NAME NAME STREET ADDRESS 22290 S..W 162 AVENUE STREET ADDRESS GOULDS FL 33170 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplies 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 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 emphasized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if