2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 14, 2000 8:00 am Secretary of State DOCUMENT # **P99000039597** 1. Entity Name ROMANCE TRUCKING, INC. 09-14-2000 90010 021 ***550.00 Principal Place of Business Mailing Address 26 DIPLOMAT-PARKWAY: #2259 26 DIPLOMAT PARKWAY, #2259 HALLANDALE FL 33009 HALLANDALE FL 33009 ひしょじししひょ 2. Principal Place of Business 3. Mailing Address 26 Di Momat Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2328 2328 Applied For 4. FEI Number -0919704 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3009 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORDOVA, DIANA MANA CORDOUA Street Address (P.O. Box Number is Not Acceptable) 26 DIPLOMAT PARKWAY, #2259 HALLANDALE FL 33009 009 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity iaWA ORDOUA SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 -10. Election Campaign Financing **\$5.00**. May. Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition **PSD** TITLE TITLE ☐ Delete NAME NAME CORDOVA, DIANA STREET ADDRESS STREET ADDRESS 26 DIPLOMAT PARKWAY, #2259 CITY-ST-7IP CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete Change Addition TITLE VTD NAME NAME GONZALES, LUIS E. STREET ADDRESS STREET ADDRESS 26 DIPLOMAT PARKWAY, #2259 CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 ☐ Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE__________ Delete TITLE Change ☐ Addition NAME NAME . . STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not grallly for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental peport 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.

SIGNATURE: SIGNATURE REQUIRED 09-09-00 954-665-691

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

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