2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900064045 UNIQUE TRANSPORTATION SYSTEMS, INC. Principal Place of Business Mailing Address 7007 N.W. 30TH STREET 7007 N.W. 30TH STREET MIAMI FL 33122-1328 MIAMI FL 33122-1328 3. Mailing Address

O BOX 2. Principal Place of Business 52-1092 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State ity & State

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Apr 20, 2000 8:00 am Secretary of State

02-26-2000 90065 009 ***158.75

បមមក្សាសុខក 4. FEI Number 65-0935050 Applied For Not Applicable Country Zip Country --\$8.75 . Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VALDES, RUBEN Street Address (P.O. Box Number is Not Acceptable) 7007 N.W. 30TH STREET MIAMI FL 33122-1328 City Zìp Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND 11. CR2E034 (9/99) TITLE ☐ Change ☐ Delete TITLE NAME NAME VALDES, RUBEN STREET ADDRESS STREET ADDRESS 7007 N.W. 30TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122-1328 ☐ Addition ☐ Change TITLE Delete NAME NAME JUELICH, JOHN STREET ADDRESS 7007 N.W. 30TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122-1328 ☐ Change ☐ Addition ☐ Delete 70TLF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS 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)(1). 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 repelver 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone #