## FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 18, 2001 8:00 am Secretary of State DOCUMENT # P9900066232 ZELAYA TRANSPORT CORP. 05-18-2001 91550 024 \*\*\*150.00 Principal Place of Business Mailing Address **5728 SW 3 STREET 5728 SW 3 STREET** MIAMI FL 33144 MIAMI FL 33144 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 65-0936295 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZELAYA, JOSE-Street Address (P.O. Box Number is Not Acceptable) **5728 SW 3 STREET** MIAMI FL 33144 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, 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE Delete TITLE Addition ZELAYA, JOSE NAME NAME **5728 SW 3 STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE. TITLE ZELAYA, MARIO NAME NAME **5728 SW 3 STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33144** CITY-ST-ZIP TITLE Delete TITLE Change Addition ZELAYA, SANDRA L NAME **5728 SW 3 STREET** STREET ADDRESS STREET ADDRESS **MIAMI FL 33144** CITY-ST-ZIP CiTY-ST-7IE TITLE ☐ Delete TITLE ☐ Change ☐ Addition ZELAYA, JOSÉ F NAME NAME **5728 SW 3 STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 approximation of the receiver or trustee empowered.

SIGNATURE: \_

Date Daytime Phone #

CR2E034 (10/00)