## 2001 Uniform business report (UBH) May 23, 2001 8:00 am Secretary of State P99 000 102016 **DOCUMENT#** 1. Entity Name CTI TRANSPORT TAKE 05-23-2001 90466 038 \*\*\*150.00 3593 SW 143 PC Miami FC 33/79 553413 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 65-096495 Applied For City & State City & State Not Applicable 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 Name Graciela Victorero Street Address (P.O. Box Number is Not Acceptable) 12612 SW 73 Tein frami FC 33183 Zip Code City 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 own (i OTE Registered Agont signature required when reinstating) FILE NO VINEEE IS \$150.00 After MAY, 1 2001, Fee will be \$550.00 Make Check Pay the to Department of State 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PS) ☐ Delete TITLE Change Addition TITLE NAME Victorero NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST-ZIP TATLE ☐ Change Addition . Delete T(T) P NAME NAM5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE ☐ Delete Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 189.0 ☐ Delete ☐ Change Addition NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 or 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 to 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 empowere 1. Victorian SIGNATURE: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE : OR DIRECTOR

Daylime Phone #