## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 17, 2000 8:00 am DOCUMENT # V05202 1. Entity Name Secretary of State A & J TRANSPORT SYSTEMS CORPORATION 03-17-2000 90011 035 \*\*\*150.00 Principal Place of Business Mailing Address 2088 S.W. 138TH CT. 2088 S.W. 138TH CT. MIAMI FL 33175-7538 **MIAMI FL 33175** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0305446 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DE OCA, YAMILE MONTES Street Address (P.O. Box Number is Not Acceptable) 2088 S.W. 138TH CT. MIAMI FL 33175 Zip Code City 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) 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE CRESPO, MIRTA NAME STREET ADDRESS STREET ADDRESS 9723 N.W. 2ND STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change TITLE Delete TITLE DE OCA, YAMILE M NAME NAME STREET ADDRESS 2088 SW 138TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE □ Delete 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-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME 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)(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 true e empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE:

CITY-ST-ZIP