2000 UNIFORM BUSINESS REPORT (UBR) Feb 20, 2000 8:00 am DOCUMENT # **V25957** 1. Entity Name **Secretary of State** ALVAREZ FREIGHT FORWARDING SERVICES, INC. 02-20-2000 90014 018 ***150.00 Principal Place of Business Mailing Address 8251 NW 64 ST 8251 NW 64TH ST MIAMI FL 33166 MIAMI FL 33166-2741 US 2. Principal Place of Business. * 3. Mailing Address 7395 NW 35th Street 7395 NW 35th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0322869 Miami, Florida 👙 🦠 Miami, Florida Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33122 Miami-Dade 33122 Miami-Dade Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALVAREZ. NESTOR ALVAREZ, NESTOR Street Address (P.O. Box Number is Not Acceptable) 14004 SW 55TH STREET **MIAMI FL 33175** 829 SW 158th /Terrace 33627 Pembroke Pines 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) 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE ALVAREZ, NESTOR ALVAREZ, NESTOR NAME 829 SW 158th Terrace 14004 SW 55TH STREET STREET ADDRESS STREET ADDRESS Pembroke Piknes, F1 33027 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ■ Addition SD Change TITLE TITLE ALVAREZ, GLORIA NAME NAME STREET ADDRESS 14004 SW 55TH STREET STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quality 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 oathy that I am an officer or director of the corporation or the receiver or trystee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR