

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90066 034 \*\*\*150.00

**DOCUMENT # F00000069562**

1. Entity Name

**DORAL TRANSPORTATION, INC.**

Principal Place of Business

Mailing Address

2033 W. 62ND ST., SUITE 273  
 HIALEAH FL 33016

2033 W. 62ND ST., SUITE 273  
 HIALEAH FL 33016

2. Principal Place of Business

3. Mailing Address

**3900 NW 79 AVE.**

**3900 NW 79 AV.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**648**

**648**

City & State

City & State

**MIAMI, FL**

**MIAMI, FL**

Zip

Country

Zip

Country

**33166**

**Florida**

**33166**

**Florida**

4. FEI Number

**051026314**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AGUADO, LUIS G**  
**2033 W. 62ND ST., SUITE 273**  
**HIALEAH FL 33016**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FUENTES, JORGE L</b>	
STREET ADDRESS	<b>12401 W. OKEECHOBEE RD., #25</b>	
CITY-ST-ZIP	<b>HIALEAH GARDENS FL 33018</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>AGUADO, LUIS G</b>	
STREET ADDRESS	<b>2033 W. 62ND ST., SUITE 273</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FLOREZ, RAFAEL J</b>	
STREET ADDRESS	<b>8655 NW 2ND TERR.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BLANCO, CARLOS P</b>	
STREET ADDRESS	<b>1150 NW 72ND AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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 address, with all other like empowered.

SIGNATURE:

*Jorge Fuentes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)