

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90099 010 ***150.00

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1. Entity Name
NONSTOP TRANSPORTATION, INC.

Principal Place of Business
**11001 NW 7TH ST #101
MIAMI FL 33172**

Mailing Address
**11001 NW 7TH ST #101
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1085401

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES



- Zip -

Country

Zip

Country

5: Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORTULAS, MARIA LUISA
11001 NW 7TH ST #101
MIAMI FL 33172**

Name **LAURENCIO, JULIO CESAR**

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

11001 NW 7th St #101

City **MIAMI**

FL

Zip Code **33172**

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. I am familiar with, and accept the obligations of registered agent.

**JULIO CESAR LAURENCIO
PRESIDENT**

3/28/03

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PSD LAURENCIO, JULIO CESAR	11001 NW 7TH ST #101	MIAMI FL 33172	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JULIO CESAR LAURENCIO** PRESIDENT **3/28/03** **(305) 485-8502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)