

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90219 033 ***150.00

DOCUMENT # P01000027119

1. Entity Name

ANGELES TRANSPORT CORP.

Principal Place of Business

**11501 SW 82ND TERRACE
 MIAMI FL 33173**

Mailing Address

**11501 SW 82ND TERRACE
 MIAMI FL 33173**

2. Principal Place of Business

1275 SE 8 Place

3. Mailing Address

1275 SE 8 Place

Suite/Apt./# etc.

Suite/Apt./# etc.



DO NOT WRITE IN THIS SPACE

City & State

Homestead

City & State

Homestead

4. FEI Number

65-1087119

Applied For

Not Applicable

Zip

33035

Country

Zip

33035

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NARIO, NAYRA
 11501 SW 82ND TERRACE
 MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name

Nario, Nayra

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

1275 SE 8 Place

City

Homestead

FL

Zip Code

33035

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **NARIO, NAYRA**
 STREET ADDRESS **11501 SW 82ND TERRACE**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **VD** ☐ Delete
 NAME **FERNANDEZ, ODALYS**
 STREET ADDRESS **11501 SW 82ND TERRACE**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **Nario, Nayra**
 STREET ADDRESS **1275 SE 8 Place**
 CITY-ST-ZIP **Homestead FL 33035**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Fernandez, Odalys**
 STREET ADDRESS **1275 SE 8 Place**
 CITY-ST-ZIP **Homestead FL 33035**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

305 229 9050

Daytime Phone #

CR2E034 (9/01)