

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90438 007 ***150.00

DOCUMENT # P02000026963

1. Entity Name

JANDY TRANSPORT INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6130 E 2 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIALEAH, FL

City & State

4. FEI Number

32-0005802

Applied For

Not Applicable

Zip

33013

Country

US

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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)

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME

PD
RIBOT, YUBEL
6130 E 2 AVE
HIALEAH, FL 33013

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

STD
CABEZAS, NURY
6130 E 2 AVE
HIALEAH, FL 33013

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

VD
CABEZAS, JANET
6130 E 2 AVE
HIALEAH, FL 33013

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03

Date

Daytime Phone # _____

CR2E034B (12/01)